

# MEDICARE / MEDICAID NURSING HOME INFORMATION

**MICHIGAN**

Part 1

ADRIAN to HUDSONVILLE



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

**87/88**





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Part 1

ADRIAN TO HUDSONVILLE

Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper".

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.



## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.



## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



JAMES J. BLANCHARD, Governor

DEPARTMENT OF PUBLIC HEALTH

3500 N. LOGAN

P.O. BOX 30035, LANSING, MICHIGAN 48909

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Raj M Wiener, Acting Director

OVERVIEW OF NURSING HOME LICENSURE PROGRAM

Overall Purpose

- To protect the health, safety, and welfare of nursing home patients,
- The enhance accessibility and quality of care,
- To ensure medical accountability for reimbursed care for facilities that are participating in federal or state programs,
- To coordinate regulation with other state agencies to minimize the burden placed upon facilities, and
- To provide the public with information about nursing homes

Organizational Structure

The licensure program is administered by the Michigan Department of Public Health, Bureau of Health Facilities, Division of Licensing and Certification. Licensure and Medicare/Medicaid certification for homes is performed by 5 teams of health professionals, 3 of which are based in Lansing and cover the outstate areas, and 2 of which are based in Detroit and cover the Detroit metropolitan area.

General Procedures

Because licensed facilities are also eligible for Medicaid or Medicare certification, we combine our licensure and certification procedures to eliminate duplication of effort.

The general licensure procedure involves the following steps:

- (A) Facilities requesting an initial license or certification, or renewing them, must submit an application and pay the required licensure fee. Supporting documents with detailed information about physical facilities, operation, and staffing are often required.
- (B) The facility is then scheduled to be surveyed by a health department team from appropriate disciplines. The time of the survey is not announced in advance, so the surveyors see the facility in its normal day-to-day condition. The survey team determines whether the facility is deficient in meeting certain state or federal standards.
- (C) The application and supporting documents, and the citation of deficiencies (if any) are reviewed by a Licensing Officer. The Licensing Officer decides whether the facility will be licensed, or certified, or both.

## OVERVIEW OF ENFORCEMENT SYSTEM

Deficiencies may result in a request for a plan of correction; or, if the deficiencies are serious or long-standing, enforcement action is initiated. If we request a plan of correction, it must be practical and reasonable, and must assure completion of the plan, and if the deficiencies are not corrected, enforcement may then be undertaken.

In an enforcement action, we seek to assure compliance with state and federal requirements, and to protect the health, safety, and welfare of patients.

Our department is responsible for enforcement actions related to licensure, including use of one or more of the following options:

- Denial, limitation, suspension or revocation of license
- Ban on admission of new patients
- Placement of the facility in receivership
- Fines
- Transfer of patients to other facilities
- Correction notice (legal order) to force correction of deficiencies by a specific date
- Immediate closure

The option(s) chosen depend on the particular situation. In general, the correction notice option is used first; if it fails, other options are invoked.

If nursing home deficiencies are related to Medicaid certification requirements, enforcement action is undertaken by the Department of Social Services upon our recommendation. If the problem concerns Medicare certification, we recommend enforcement action to the federal government.



JAMES J. BLANCHARD, Governor

## DEPARTMENT OF PUBLIC HEALTH

3500 N. LOGAN

P. O. BOX 30035, LANSING, MICHIGAN 48909

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Raj M Wiener, Acting Director

### RESOURCES AVAILABLE TO CONSUMERS

1. Michigan Department of Public Health  
Bureau of Health Facilities  
Division of Licensing and Certification  
3423 N. Logan, P. O. Box 30195  
(517) 335-8505

This is the agency responsible for survey and state licensure and Medicare and Medicaid certification of nursing homes and other health facilities.

#### Available Information:

- Directory of nursing homes in Michigan
- Copies of survey reports for specific homes (the latest survey report is also posted in each nursing home)
- General information on nursing homes, including state licensure rules, patient "bill of rights", etc.

#### Nursing home complaints:

Complaints against Michigan nursing homes can be submitted in writing to the above address, or by calling the following numbers. Complainant identity is confidential under Michigan law.

In Michigan Toll Free 1-800-882-6006 Anytime  
Outside Michigan 1-517-335-8511

2. Michigan Department of Social Services  
Medical Services Administration  
P. O. Box 30037  
Lansing, MI 48909  
(517) 334-7262

This is the state Medicaid agency responsible for Medicaid payments to health care providers and general administration of the Medicaid program. Applications for Medicaid assistance for individuals are handled by county departments of social services.

#### For General Information:

In Michigan Toll Free 1-800-638-6414  
Outside Michigan 1-517-334-7211



3. Michigan Department of Attorney General  
Health Care Fraud  
6520 Mercantile Way, Suite 3  
Lansing, MI 48913  
(517) 334-6020

This office investigates fraud involving Medicaid recipients and health care providers.

4. Office of Services to the Aging  
611 W. Ottawa - Third Floor  
P. O. Box 30026  
Lansing, MI 48909  
(517) 373-8230

This office provides a variety of programs and services for senior citizens.

5. State Long Term Care Ombudsman Program  
Citizens for Better Care  
1627 E. Kalamazoo Street  
Lansing, MI 48912  
(517) 482-1297  
(800) 292-7852 (Michigan only, answering machine on after  
business hours)

A statewide network of placement information and services, complaint resolution assistance, and community education is available from the Michigan Long Term Care Ombudsman program.

Placement information and services include:

- listings of all nursing homes in Michigan which contain the number of beds and certification levels, name, address, and telephone number of each home
- copies of all state inspection reports for nursing homes and homes for the aged
- materials on "how to choose a nursing home", financing care, and alternatives to nursing home care
- referral to other long term care facilities and community services for the care of the chronically ill or dependent adults

Complaint resolution assistance focuses on responding to any problem, question or concern which faces a resident of nursing homes, home for the aged or adult foster care homes.

Ombudsman staff is available for community education presentation on a variety of topics from how to choose a home, to how to select a long term care insurance. A free quarterly newsletter is available through the State Ombudsman office. A number of other pamphlets, including a Resident's Rights brochure, are available.

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## **Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### **OCR Regional Offices**

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473



## **Health Care Financing Administration (HCFA)**

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### **HCFA Regional Offices**

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington

## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?



## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?



## **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### **Resident Characteristics and Facility Performance Indicators**

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See **Urinary Catheter.**

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

#### NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory

**Street Address:** Self-explanatory

**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)** — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)** — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious** — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private** — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other** — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary** — A nursing home operated for profit.

**Government** — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.



## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
<b>Bathing</b> Residents requiring some or total assistance in bathing.		FACILITY		STATE	NATION
		#	%	%	%
		78	83.0	81.0	81.0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

## NURSING HOME PROFILE ADRIAN HEALTH CARE CENTER

<b>Street Address:</b> 130 SAND CREEK HIGHWAY		<b>City and State:</b> ADRIAN MI 49221	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 102	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	84.5	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	82.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	72.4	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	65.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	15.5	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	10	8.6	39.5	39.1
<b>Residents requiring restraints.</b>	55	47.4	38.0	31.7
<b>Confused or disoriented residents.</b>	68	58.6	63.0	55.8
<b>Residents with bed sores.</b>	5	4.3	6.5	4.7
<b>Residents receiving special skin care.</b>	24	20.7	26.5	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLHAVEN CONVALESCENT HOME

<b>Street Address:</b>		<b>City and State:</b>	
730 KIMOLE LANE		ADRIAN MI 49221	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
89	0	59

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	66	74.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	84.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	66.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	76.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	64.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	21.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	27	30.3	53.3	50.8
<b>Residents requiring restraints.</b>	37	41.6	44.5	41.3
<b>Confused or disoriented residents.</b>	35	39.3	62.0	58.4
<b>Residents with bed sores.</b>	4	4.5	10.0	7.1
<b>Residents receiving special skin care.</b>	27	30.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LENAWEE MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
200 SAND CREEK HIGHWAY		ADRIAN MI 49221	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	136	LOCAL GOVERNMENT	02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
135	5	109		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	131	97.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	132	97.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	121	89.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	98.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	103	76.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	65	48.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	70	51.9	53.3	50.8
<b>Residents requiring restraints.</b>	92	68.1	44.5	41.3
<b>Confused or disoriented residents.</b>	98	72.6	62.0	58.4
<b>Residents with bed sores.</b>	2	1.5	10.0	7.1
<b>Residents receiving special skin care.</b>	123	91.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE

<b>Street Address:</b>		<b>City and State:</b>	
700 LAKESHIRE TRAIL		ADRIAN MI 49221	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
114	0	79	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	90	78.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	82.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	78.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	75.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	74.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	34.2	38.0	37.7
<b>Completely bedfast residents.</b>	9	7.9	2.8	3.4
<b>Residents confined to chairs.</b>	63	55.3	53.3	50.8
<b>Residents requiring restraints.</b>	59	51.8	44.5	41.3
<b>Confused or disoriented residents.</b>	73	64.0	62.0	58.4
<b>Residents with bed sores.</b>	28	24.6	10.0	7.1
<b>Residents receiving special skin care.</b>	69	60.5	32.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ALBION MANOR CARE CTR

<b>Street Address:</b> 1000 W ERIE ST		<b>City and State:</b> ALBION MI 49224	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	2	59			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		49	63.6	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		50	64.9	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		46	59.7	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	59.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	57.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	1.3	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	20.8	38.0	37.7
Completely bedfast residents.		3	3.9	2.8	3.4
Residents confined to chairs.		40	51.9	53.3	50.8
Residents requiring restraints.		24	31.2	44.5	41.3
Confused or disoriented residents.		51	66.2	62.0	58.4
Residents with bed sores.		3	3.9	10.0	7.1
Residents receiving special skin care.		49	63.6	32.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ALLEGAN COUNTY MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
3265 122ND AVE R2		ALLEGAN MI 49010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	LOCAL GOVERNMENT	11/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	51

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	86.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	53	89.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	69.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	57.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.7	2.8	3.4
<b>Residents confined to chairs.</b>	40	67.8	53.3	50.8
<b>Residents requiring restraints.</b>	29	49.2	44.5	41.3
<b>Confused or disoriented residents.</b>	15	25.4	62.0	58.4
<b>Residents with bed sores.</b>	4	6.8	10.0	7.1
<b>Residents receiving special skin care.</b>	20	33.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PINE OAKS NURS CTR

<b>Street Address:</b> 1200 ELY ST		<b>City and State:</b> ALLEGAN MI 49010	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 123	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 105	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 84		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	60.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	71.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	73.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	76.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	81.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	28.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	26	24.8	53.3	50.8
<b>Residents requiring restraints.</b>	39	37.1	44.5	41.3
<b>Confused or disoriented residents.</b>	67	63.8	62.0	58.4
<b>Residents with bed sores.</b>	19	18.1	10.0	7.1
<b>Residents receiving special skin care.</b>	44	41.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ALLEN PARK CONV HOME

<b>Street Address:</b> 9150 ALLEN ROAD		<b>City and State:</b> ALLEN PARK MI 48101	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 129	<b>Medicare Residents:</b> 24	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	87.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	114	88.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	79.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	97.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	72.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	47.3	38.0	37.7
<b>Completely bedfast residents.</b>	11	8.5	2.8	3.4
<b>Residents confined to chairs.</b>	72	55.8	53.3	50.8
<b>Residents requiring restraints.</b>	47	36.4	44.5	41.3
<b>Confused or disoriented residents.</b>	65	50.4	62.0	58.4
<b>Residents with bed sores.</b>	18	14.0	10.0	7.1
<b>Residents receiving special skin care.</b>	18	14.0	32.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WEST MICHIGAN CARE CENTER

<b>Street Address:</b> 11007 RADCLIFF DRIVE		<b>City and State:</b> ALLENDALE MI 49401	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 46
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	98.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	94.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	91.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	91.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	94.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	19.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	24	41.4	53.3	50.8
<b>Residents requiring restraints.</b>	31	53.4	44.5	41.3
<b>Confused or disoriented residents.</b>	38	65.5	62.0	58.4
<b>Residents with bed sores.</b>	3	5.2	10.0	7.1
<b>Residents receiving special skin care.</b>	8	13.8	32.7	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MICHIGAN MASONIC HOME

<b>Street Address:</b> 1200 WRIGHT AVE		<b>City and State:</b> ALMA MI 48801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 204	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 184	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 92
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	141	76.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	152	82.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	134	72.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	76.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	107	58.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	20.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	90	48.9	53.3	50.8
<b>Residents requiring restraints.</b>	49	26.6	44.5	41.3
<b>Confused or disoriented residents.</b>	117	63.6	62.0	58.4
<b>Residents with bed sores.</b>	18	9.8	10.0	7.1
<b>Residents receiving special skin care.</b>	74	40.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILCOX NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
525 N STATE ST		ALMA MI 48801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	45	PROPRIETARY	02/17/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
45	0	27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		19	42.2	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		32	71.1	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		34	75.6	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	75.6	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		25	55.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	22.2	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		6	13.3	39.5	39.1
Residents requiring restraints.		13	28.9	38.0	31.7
Confused or disoriented residents.		18	40.0	63.0	55.8
Residents with bed sores.		4	8.9	6.5	4.7
Residents receiving special skin care.		4	8.9	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PEIRCE NURSING HOME

<b>Street Address:</b> 1234 GOLF COURSE RD		<b>City and State:</b> ALPENA MI 49707	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 36	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 36	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	97.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	34	94.4	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	28	77.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	77.8	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	72.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	52.8	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	16	44.4	39.5	39.1
<b>Residents requiring restraints.</b>	20	55.6	38.0	31.7
<b>Confused or disoriented residents.</b>	28	77.8	63.0	55.8
<b>Residents with bed sores.</b>	1	2.8	6.5	4.7
<b>Residents receiving special skin care.</b>	31	86.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE ALPENA

<b>Street Address:</b>		<b>City and State:</b>	
301 LONG RAPIDS RD		ALPENA MI 49707	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	05/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
117	3	100

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

98 83.8 80.9 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

103 88.0 85.2 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

95 81.2 76.7 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

99 84.6 77.7 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

100 85.5 69.9 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 3.5 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

46 39.3 38.0 37.7

#### Completely bedfast residents.

2 1.7 2.8 3.4

#### Residents confined to chairs.

104 88.9 53.3 50.8

#### Residents requiring restraints.

69 59.0 44.5 41.3

#### Confused or disoriented residents.

48 41.0 62.0 58.4

#### Residents with bed sores.

16 13.7 10.0 7.1

#### Residents receiving special skin care.

5 4.3 32.7 31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## GLACIER HILLS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1200 EARHART ROAD		ANN ARBOR MI 48105	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	89	NON-PROFIT PRIVATE	10/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
83		5		1	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		69	83.1	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		72	86.7	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		43	51.8	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	73.5	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		60	72.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	3.6	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		25	30.1	38.0	37.7
<b>Completely bedfast residents.</b>		3	3.6	2.8	3.4
<b>Residents confined to chairs.</b>		44	53.0	53.3	50.8
<b>Residents requiring restraints.</b>		28	33.7	44.5	41.3
<b>Confused or disoriented residents.</b>		49	59.0	62.0	58.4
<b>Residents with bed sores.</b>		3	3.6	10.0	7.1
<b>Residents receiving special skin care.</b>		8	9.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLSIDE TERRACE

<b>Street Address:</b>  1939 JACKSON AVE		<b>City and State:</b>  ANN ARBOR MI 48103	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  23	<b>Type of Ownership:</b>  NON-PROFIT PRIVATE	<b>Survey Date:</b>  01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  22	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  2
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	68.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	86.4	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	63.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	50.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	59.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	3	13.6	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	22.7	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	8	36.4	39.5	39.1
<b>Residents requiring restraints.</b>	7	31.8	38.0	31.7
<b>Confused or disoriented residents.</b>	17	77.3	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	1	4.5	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HURON VIEW LODGE

<b>Street Address:</b>		<b>City and State:</b>	
355 HURON VIEW BLVD		ANN ARBOR MI 48103	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	71	PROPRIETARY	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
58		3		22	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		54	93.1	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		55	94.8	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		43	74.1	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	69.0	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		38	65.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		4	6.9	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		21	36.2	38.0	37.7
<b>Completely bedfast residents.</b>		1	1.7	2.8	3.4
<b>Residents confined to chairs.</b>		42	72.4	53.3	50.8
<b>Residents requiring restraints.</b>		8	13.8	44.5	41.3
<b>Confused or disoriented residents.</b>		24	41.4	62.0	58.4
<b>Residents with bed sores.</b>		9	15.5	10.0	7.1
<b>Residents receiving special skin care.</b>		27	46.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WHITEHALL CONV HME

<b>Street Address:</b>		<b>City and State:</b>	
3370 MORGAN RD		ANN ARBOR MI 48104	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	102	PROPRIETARY	02/25/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
101	0	26	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	91	90.1	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	88.1	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	72.3	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	78.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	75.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	14	13.9	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	46.5	27.7	29.3
<b>Completely bedfast residents.</b>	3	3.0	1.3	3.6
<b>Residents confined to chairs.</b>	39	38.6	39.5	39.1
<b>Residents requiring restraints.</b>	30	29.7	38.0	31.7
<b>Confused or disoriented residents.</b>	86	85.1	63.0	55.8
<b>Residents with bed sores.</b>	1	1.0	6.5	4.7
<b>Residents receiving special skin care.</b>	5	5.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FAIR ACRES NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
22600 ARMADA RIDGE RD		ARMADA MI 48005	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	49	PROPRIETARY	02/25/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
44	0	22

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	93.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	93.2	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	93.2	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	79.5	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	52.3	27.7	29.3
<b>Completely bedfast residents.</b>	5	11.4	1.3	3.6
<b>Residents confined to chairs.</b>	23	52.3	39.5	39.1
<b>Residents requiring restraints.</b>	20	45.5	38.0	31.7
<b>Confused or disoriented residents.</b>	34	77.3	63.0	55.8
<b>Residents with bed sores.</b>	4	9.1	6.5	4.7
<b>Residents receiving special skin care.</b>	0	0.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MAPLE VALLEY NURSING HOME OF MAPLE CTY

<b>Street Address:</b> 211 W WALLACE ST		<b>City and State:</b> ASHLEY MI 48806	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 25	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 25	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 21	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	23	92.0	78.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	22	88.0	80.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	22	88.0	68.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	72.9	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	17	68.0	9.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	6	24.0	27.7	29.3
<b>Completely bedfast residents.</b>	1	4.0	1.3	3.6
<b>Residents confined to chairs.</b>	10	40.0	39.5	39.1
<b>Residents requiring restraints.</b>	15	60.0	38.0	31.7
<b>Confused or disoriented residents.</b>	16	64.0	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	7	28.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FOUR SEASONS HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1167 EAST HOPSON STREET		BAD AXE MI 48413	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	04/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	1	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	100	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	82.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	69.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	25.9	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	21	36.2	53.3	50.8
<b>Residents requiring restraints.</b>	22	37.9	44.5	41.3
<b>Confused or disoriented residents.</b>	36	62.1	62.0	58.4
<b>Residents with bed sores.</b>	3	5.2	10.0	7.1
<b>Residents receiving special skin care.</b>	16	27.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HURON CO MED CARE FACILITY

<b>Street Address:</b> 1116 S VAN DYKE RD		<b>City and State:</b> BAD AXE MI 48413	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 112	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 6	<b>Medicaid Residents:</b> 82
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

#### Bathing

Residents requiring some or total assistance in bathing.	96	85.7	80.9	81.5
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#### Dressing

Residents requiring some or total assistance in dressing.	111	99.1	85.2	83.2
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#### Toileting

Residents requiring some or total assistance in toileting.	104	92.9	76.7	73.8
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#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	93.8	77.7	77.2
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#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.	104	92.9	69.9	68.2
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Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
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#### Eating

Residents receiving tube feedings or requiring assistance with eating.	68	60.7	38.0	37.7
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#### Completely bedfast residents.

1	0.9	2.8	3.4
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#### Residents confined to chairs.

64	57.1	53.3	50.8
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#### Residents requiring restraints.

82	73.2	44.5	41.3
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#### Confused or disoriented residents.

81	72.3	62.0	58.4
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#### Residents with bed sores.

16	14.3	10.0	7.1
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#### Residents receiving special skin care.

90	80.4	32.7	31.2
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## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SUNNY ACRES NURS CTR

<b>Street Address:</b> 2762 PIGEON RD		<b>City and State:</b> BAD AXE MI 48413	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 27	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 11	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	21	77.8	78.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	23	85.2	80.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	21	77.8	68.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	63.0	72.9	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	21	77.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	9	33.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	9	33.3	39.5	39.1
<b>Residents requiring restraints.</b>	11	40.7	38.0	31.7
<b>Confused or disoriented residents.</b>	14	51.9	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	13	48.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK VILLAGE CARE CENTER

<b>Street Address:</b> 4351 S M 37 BOX 2258 RT #2		<b>City and State:</b> BALDWIN MI 49304	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 135	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 128	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 116	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

127 99.2 80.9 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

105 82.0 85.2 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

81 63.3 76.7 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

65 50.8 77.7 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

83 64.8 69.9 68.2

Residents on individually written bowel and bladder retraining program.

1 0.8 3.5 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

24 18.8 38.0 37.7

#### Completely bedfast residents.

0 0.0 2.8 3.4

#### Residents confined to chairs.

59 46.1 53.3 50.8

#### Residents requiring restraints.

44 34.4 44.5 41.3

#### Confused or disoriented residents.

121 94.5 62.0 58.4

#### Residents with bed sores.

6 4.7 10.0 7.1

#### Residents receiving special skin care.

9 7.0 32.7 31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ARROWOOD NURS CTR

<b>Street Address:</b>		<b>City and State:</b>	
270 N BEDFORD RD		BATTLE CREEK MI 49017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
116	3	91

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	70.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	79.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	74.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	87.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	102	87.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	33	28.4	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	31.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	90	77.6	53.3	50.8
<b>Residents requiring restraints.</b>	39	33.6	44.5	41.3
<b>Confused or disoriented residents.</b>	75	64.7	62.0	58.4
<b>Residents with bed sores.</b>	5	4.3	10.0	7.1
<b>Residents receiving special skin care.</b>	24	20.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CALHOUN COUNTY MED CARE FAC

<b>Street Address:</b>		<b>City and State:</b>	
1150 E MICHIGAN AVENUE		BATTLE CREEK MI 49017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	LOCAL GOVERNMENT	03/09/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
120	1	108			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	80.0	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		112	93.3	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	88.3	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		106	88.3	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		80	66.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		65	54.2	38.0	37.7
Completely bedfast residents.		8	6.7	2.8	3.4
Residents confined to chairs.		77	64.2	53.3	50.8
Residents requiring restraints.		71	59.2	44.5	41.3
Confused or disoriented residents.		64	53.3	62.0	58.4
Residents with bed sores.		10	8.3	10.0	7.1
Residents receiving special skin care.		37	30.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MERCY PAVILION

<b>Street Address:</b>  80 N 20TH STREET		<b>City and State:</b>  BATTLE CREEK MI 49015	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  77	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  04/08/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  76	<b>Medicare Residents:</b>  7	<b>Medicaid Residents:</b>  35
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	42.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	89.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	77.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	78.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	5.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	40.8	38.0	37.7
<b>Completely bedfast residents.</b>	4	5.3	2.8	3.4
<b>Residents confined to chairs.</b>	64	84.2	53.3	50.8
<b>Residents requiring restraints.</b>	34	44.7	44.5	41.3
<b>Confused or disoriented residents.</b>	47	61.8	62.0	58.4
<b>Residents with bed sores.</b>	7	9.2	10.0	7.1
<b>Residents receiving special skin care.</b>	76	100	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE OF BATTLE CREEK

<b>Street Address:</b>  111 EVERGREEN		<b>City and State:</b>  BATTLE CREEK MI 49017	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  117	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  117	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  88	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	89	76.1	80.9	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	95	81.2	85.2	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	95	81.2	76.7	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.1	77.7	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	95	81.2	69.9	68.2
  Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	33	28.2	38.0	37.7
  <b>Completely bedfast residents.</b>	2	1.7	2.8	3.4
  <b>Residents confined to chairs.</b>	93	79.5	53.3	50.8
  <b>Residents requiring restraints.</b>	50	42.7	44.5	41.3
  <b>Confused or disoriented residents.</b>	89	76.1	62.0	58.4
  <b>Residents with bed sores.</b>	19	16.2	10.0	7.1
  <b>Residents receiving special skin care.</b>	114	97.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERSIDE MANOR

<b>Street Address:</b> 675 WAGNER DRIVE		<b>City and State:</b> BATTLE CREEK MI 49017	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 99	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 94		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 76	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		7	7.4	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		77	81.9	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		61	64.9	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	70.2	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		43	45.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		8	8.5	27.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>		52	55.3	39.5	39.1
<b>Residents requiring restraints.</b>		28	29.8	38.0	31.7
<b>Confused or disoriented residents.</b>		41	43.6	63.0	55.8
<b>Residents with bed sores.</b>		6	6.4	6.5	4.7
<b>Residents receiving special skin care.</b>		6	6.4	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SPRINGHILL MANOR

<b>Street Address:</b>  200 EAST ROOSEVELT		<b>City and State:</b>  BATTLE CREEK MI 49017	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  65	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  63	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  36
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	3	4.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	95.2	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	87.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	9.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	81.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	52.4	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.6	2.8	3.4
<b>Residents confined to chairs.</b>	24	38.1	53.3	50.8
<b>Residents requiring restraints.</b>	44	69.8	44.5	41.3
<b>Confused or disoriented residents.</b>	35	55.6	62.0	58.4
<b>Residents with bed sores.</b>	7	11.1	10.0	7.1
<b>Residents receiving special skin care.</b>	3	4.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HAMPTON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
800 MULHOLLAND ROAD		BAY CITY MI 48706	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	03/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
51		3		18	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		42	82.4	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		44	86.3	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		39	76.5	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	62.7	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		37	72.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		28	54.9	38.0	37.7
<b>Completely bedfast residents.</b>		2	3.9	2.8	3.4
<b>Residents confined to chairs.</b>		28	54.9	53.3	50.8
<b>Residents requiring restraints.</b>		28	54.9	44.5	41.3
<b>Confused or disoriented residents.</b>		28	54.9	62.0	58.4
<b>Residents with bed sores.</b>		14	27.5	10.0	7.1
<b>Residents receiving special skin care.</b>		1	2.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE THE CARRIAGE HOUSE OF BAY CITY

<b>Street Address:</b> 2394 MIDLAND RD		<b>City and State:</b> BAY CITY MI 48706	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 127	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 127	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	118	92.9	78.4	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	107	84.3	80.0	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	100	78.7	68.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	78.7	72.9	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	76	59.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	32	25.2	9.1	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	38	29.9	27.7	29.3
<b>Completely bedfast residents.</b>	1	0.8	1.3	3.6
<b>Residents confined to chairs.</b>	82	64.6	39.5	39.1
<b>Residents requiring restraints.</b>	59	46.5	38.0	31.7
<b>Confused or disoriented residents.</b>	53	41.7	63.0	55.8
<b>Residents with bed sores.</b>	4	3.1	6.5	4.7
<b>Residents receiving special skin care.</b>	30	23.6	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE TRI CITY NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3254 EAST MIDLAND ROAD		BAY CITY MI 48706	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	03/05/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
121	1	96			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		115	95.0	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		88	72.7	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		84	69.4	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		94	77.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	71.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	0.8	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	36.4	38.0	37.7
Completely bedfast residents.		5	4.1	2.8	3.4
Residents confined to chairs.		67	55.4	53.3	50.8
Residents requiring restraints.		50	41.3	44.5	41.3
Confused or disoriented residents.		78	64.5	62.0	58.4
Residents with bed sores.		6	5.0	10.0	7.1
Residents receiving special skin care.		57	47.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BELDING CHRISTIAN NURSING HOME INC

<b>Street Address:</b>		<b>City and State:</b>	
414 E STATE ST		BELDING MI 48809	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
122	2	96

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	75.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	86.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	73.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	75.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	67.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	7	5.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	36.1	38.0	37.7
<b>Completely bedfast residents.</b>	2	1.6	2.8	3.4
<b>Residents confined to chairs.</b>	63	51.6	53.3	50.8
<b>Residents requiring restraints.</b>	55	45.1	44.5	41.3
<b>Confused or disoriented residents.</b>	86	70.5	62.0	58.4
<b>Residents with bed sores.</b>	10	8.2	10.0	7.1
<b>Residents receiving special skin care.</b>	75	61.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEADOW BROOK MEDICAL CARE FACILITY

<b>Street Address:</b> 4543 SCENIC HIGHWAY		<b>City and State:</b> BELLAIRE MI 49615	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 113	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 112	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 87		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	76.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	91.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	83.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	79.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	70.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	41.1	38.0	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.8	3.4
<b>Residents confined to chairs.</b>	70	62.5	53.3	50.8
<b>Residents requiring restraints.</b>	69	61.6	44.5	41.3
<b>Confused or disoriented residents.</b>	65	58.0	62.0	58.4
<b>Residents with bed sores.</b>	2	1.8	10.0	7.1
<b>Residents receiving special skin care.</b>	30	26.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VAN BUREN CONVALESCENT CENTER

<b>Street Address:</b> 44401 I94 SERVICE DRIVE		<b>City and State:</b> BELLEVILLE MI 48111	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 222	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 170	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 153
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	121	71.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	129	75.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	110	64.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	68.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	125	73.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	27.6	38.0	37.7
<b>Completely bedfast residents.</b>	10	5.9	2.8	3.4
<b>Residents confined to chairs.</b>	118	69.4	53.3	50.8
<b>Residents requiring restraints.</b>	53	31.2	44.5	41.3
<b>Confused or disoriented residents.</b>	100	58.8	62.0	58.4
<b>Residents with bed sores.</b>	13	7.6	10.0	7.1
<b>Residents receiving special skin care.</b>	39	22.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BLOSSOM CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
1385 EMPIRE AVENUE		BENTON HARBOR MI 49022	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
101		0		87	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		99	98.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		46	45.5	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		82	81.2	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	61.4	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		73	72.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		41	40.6	38.0	37.7
<b>Completely bedfast residents.</b>		1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>		50	49.5	53.3	50.8
<b>Residents requiring restraints.</b>		30	29.7	44.5	41.3
<b>Confused or disoriented residents.</b>		75	74.3	62.0	58.4
<b>Residents with bed sores.</b>		6	5.9	10.0	7.1
<b>Residents receiving special skin care.</b>		90	89.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BERRIEN GENERAL HSOP

<b>Street Address:</b>		<b>City and State:</b>	
6418 DEANS HILL RD		BERRIEN CENTER MI 49102	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	187	LOCAL GOVERNMENT	07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
183	20	134		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	181	98.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	178	97.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	142	77.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	83.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	130	71.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	33.3	38.0	37.7
<b>Completely bedfast residents.</b>	5	2.7	2.8	3.4
<b>Residents confined to chairs.</b>	142	77.6	53.3	50.8
<b>Residents requiring restraints.</b>	86	47.0	44.5	41.3
<b>Confused or disoriented residents.</b>	116	63.4	62.0	58.4
<b>Residents with bed sores.</b>	37	20.2	10.0	7.1
<b>Residents receiving special skin care.</b>	138	75.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRY-FERN NURSING HOME

<b>Street Address:</b> 6786 DEAN'S HILL ROAD P.O. BOX 68		<b>City and State:</b> BERRIEN CENTER MI 49102	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 62	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 41	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 33	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	29	70.7	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	80.5	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	75.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	90.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	31	75.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	21	51.2	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	29.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	10	24.4	39.5	39.1
<b>Residents requiring restraints.</b>	21	51.2	38.0	31.7
<b>Confused or disoriented residents.</b>	24	58.5	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	6	14.6	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ALTERCARE OF BIG RAPIDS

<b>Street Address:</b>		<b>City and State:</b>	
805 WEST AVENUE		BIG RAPIDS MI 49307	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
48	0	30	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	77.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	100	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	64.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	58.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	52.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.9	38.0	37.7
<b>Completely bedfast residents.</b>	1	2.1	2.8	3.4
<b>Residents confined to chairs.</b>	14	29.2	53.3	50.8
<b>Residents requiring restraints.</b>	23	47.9	44.5	41.3
<b>Confused or disoriented residents.</b>	22	45.8	62.0	58.4
<b>Residents with bed sores.</b>	8	16.7	10.0	7.1
<b>Residents receiving special skin care.</b>	4	8.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREENRIDGE NH

<b>Street Address:</b> 725 W FULLER		<b>City and State:</b> BIG RAPIDS MI 49307	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 71
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	95.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	90.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	68.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	71.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	50.0	38.0	37.7
<b>Completely bedfast residents.</b>	4	3.3	2.8	3.4
<b>Residents confined to chairs.</b>	59	49.2	53.3	50.8
<b>Residents requiring restraints.</b>	59	49.2	44.5	41.3
<b>Confused or disoriented residents.</b>	76	63.3	62.0	58.4
<b>Residents with bed sores.</b>	6	5.0	10.0	7.1
<b>Residents receiving special skin care.</b>	14	11.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMBRIDGE SOUTH INC

<b>Street Address:</b>		<b>City and State:</b>	
18200 W 13TH MILE RD		BIRMINGHAM MI 48009	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	04/19/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
90	10	27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	87	96.7	80.9	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	88	97.8	85.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	77	85.6	76.7	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	97.8	77.7	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	75	83.3	69.9	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	54	60.0	38.0	37.7	
Completely bedfast residents.	1	1.1	2.8	3.4	
Residents confined to chairs.	65	72.2	53.3	50.8	
Residents requiring restraints.	47	52.2	44.5	41.3	
Confused or disoriented residents.	28	31.1	62.0	58.4	
Residents with bed sores.	25	27.8	10.0	7.1	
Residents receiving special skin care.	37	41.1	32.7	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BLOOMFIELD HILLS CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
50 WEST SQUARE LAKE RD		BLOOMFIELD HILLS MI 48013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	366	PROPRIETARY	01/28/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
348	17	279		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	268	77.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	270	77.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	235	67.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	270	77.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	208	59.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	6	1.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	151	43.4	38.0	37.7
<b>Completely bedfast residents.</b>	15	4.3	2.8	3.4
<b>Residents confined to chairs.</b>	173	49.7	53.3	50.8
<b>Residents requiring restraints.</b>	179	51.4	44.5	41.3
<b>Confused or disoriented residents.</b>	251	72.1	62.0	58.4
<b>Residents with bed sores.</b>	34	9.8	10.0	7.1
<b>Residents receiving special skin care.</b>	184	52.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GEORGIAN BLOOMFIELD

<b>Street Address:</b>		<b>City and State:</b>	
2975 ADAMS ROAD		BLOOMFIELD HILLS MI 48013	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	274	PROPRIETARY	05/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
168	3	0			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		142	84.5	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		144	85.7	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		130	77.4	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		132	78.6	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		117	69.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		13	7.7	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		99	58.9	38.0	37.7
<b>Completely bedfast residents.</b>		11	6.5	2.8	3.4
<b>Residents confined to chairs.</b>		87	51.8	53.3	50.8
<b>Residents requiring restraints.</b>		71	42.3	44.5	41.3
<b>Confused or disoriented residents.</b>		106	63.1	62.0	58.4
<b>Residents with bed sores.</b>		11	6.5	10.0	7.1
<b>Residents receiving special skin care.</b>		14	8.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BETHANY NH

<b>Street Address:</b> 42235 C R 390		<b>City and State:</b> BLOOMINGDALE MI 49026	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 78	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 49			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				55	74.3	80.9	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				47	63.5	85.2	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				50	67.6	76.7	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				43	58.1	77.7	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				46	62.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.5	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				24	32.4	38.0	37.7
Completely bedfast residents.				1	1.4	2.8	3.4
Residents confined to chairs.				35	47.3	53.3	50.8
Residents requiring restraints.				34	45.9	44.5	41.3
Confused or disoriented residents.				22	29.7	62.0	58.4
Residents with bed sores.				9	12.2	10.0	7.1
Residents receiving special skin care.				25	33.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JORDANS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
9935 RED ARROW HIGHWAY		BRIDGMAN MI 49106	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	105	PROPRIETARY	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
105	0	105	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	90.5	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	88.6	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	81.9	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	95.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	75.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	7	6.7	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	19.0	27.7	29.3
<b>Completely bedfast residents.</b>	7	6.7	1.3	3.6
<b>Residents confined to chairs.</b>	68	64.8	39.5	39.1
<b>Residents requiring restraints.</b>	56	53.3	38.0	31.7
<b>Confused or disoriented residents.</b>	64	61.0	63.0	55.8
<b>Residents with bed sores.</b>	6	5.7	6.5	4.7
<b>Residents receiving special skin care.</b>	57	54.3	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## LAKEVIEW LUTHERAN MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
460 PEARL ST		CADILLAC MI 49601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	218	NON-PROFIT RELIGIOUS	12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
211	13	163	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	182	86.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	161	76.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	153	72.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	72.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	142	67.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	82	38.9	38.0	37.7
<b>Completely bedfast residents.</b>	4	1.9	2.8	3.4
<b>Residents confined to chairs.</b>	102	48.3	53.3	50.8
<b>Residents requiring restraints.</b>	109	51.7	44.5	41.3
<b>Confused or disoriented residents.</b>	159	75.4	62.0	58.4
<b>Residents with bed sores.</b>	18	8.5	10.0	7.1
<b>Residents receiving special skin care.</b>	70	33.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CANTON CARE CENTER

<b>Street Address:</b> 43825 MICHIGAN AVENUE		<b>City and State:</b> CANTON MI 48188	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 91	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	39	53.4	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	57.5	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	54.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	49.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	63.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	20.5	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	23	31.5	39.5	39.1
<b>Residents requiring restraints.</b>	12	16.4	38.0	31.7
<b>Confused or disoriented residents.</b>	70	95.9	63.0	55.8
<b>Residents with bed sores.</b>	3	4.1	6.5	4.7
<b>Residents receiving special skin care.</b>	11	15.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE TUSCOLA COUNTY MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
1285 CLEAVER ROAD		CARO MI 48723	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	NON-PROFIT OTHER	10/01/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
122	3	98		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	70.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	73.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	63.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	59.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	67.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	35.2	38.0	37.7
<b>Completely bedfast residents.</b>	2	1.6	2.8	3.4
<b>Residents confined to chairs.</b>	59	48.4	53.3	50.8
<b>Residents requiring restraints.</b>	53	43.4	44.5	41.3
<b>Confused or disoriented residents.</b>	63	51.6	62.0	58.4
<b>Residents with bed sores.</b>	8	6.6	10.0	7.1
<b>Residents receiving special skin care.</b>	30	24.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE CASS CITY

<b>Street Address:</b>		<b>City and State:</b>	
4782 HOSPITAL DRIVE		CASS CITY MI 48726	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
110	1	87

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	80.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	81.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	69.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	66.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	54.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	35.5	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	69	62.7	53.3	50.8
<b>Residents requiring restraints.</b>	54	49.1	44.5	41.3
<b>Confused or disoriented residents.</b>	62	56.4	62.0	58.4
<b>Residents with bed sores.</b>	17	15.5	10.0	7.1
<b>Residents receiving special skin care.</b>	14	12.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CASS COUNTY MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
23770 HOSPITAL ST		CASSOPOLIS MI 49031	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	80	LOCAL GOVERNMENT	11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
80	3	67		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	81.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	92.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	76.2	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	86.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	76.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	31.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	37	46.2	53.3	50.8
<b>Residents requiring restraints.</b>	51	63.7	44.5	41.3
<b>Confused or disoriented residents.</b>	40	50.0	62.0	58.4
<b>Residents with bed sores.</b>	6	7.5	10.0	7.1
<b>Residents receiving special skin care.</b>	28	35.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDAR SPRINGS NURSING CTR

<b>Street Address:</b> 400 JEFFREY		<b>City and State:</b> CEDAR SPRINGS MI 49319	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 77	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 76	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 55	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	67.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	89.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	80.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	86.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	68.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	44.7	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	56	73.7	53.3	50.8
<b>Residents requiring restraints.</b>	44	57.9	44.5	41.3
<b>Confused or disoriented residents.</b>	34	44.7	62.0	58.4
<b>Residents with bed sores.</b>	3	3.9	10.0	7.1
<b>Residents receiving special skin care.</b>	3	3.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## FATHER MURRAY REHAB-NRSG CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8444 ENGLEMAN		CENTER LINE MI 48015	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	234	NON-PROFIT OTHER	08/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
234	0	234	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	22.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	74	31.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	22.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	45.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	22.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	53	22.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	0	0.0	53.3	50.8
<b>Residents requiring restraints.</b>	20	8.5	44.5	41.3
<b>Confused or disoriented residents.</b>	51	21.8	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	51	21.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FAIRVIEW MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
441 E MAIN STREET		CENTREVILLE MI 49032	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	LOCAL GOVERNMENT	03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	3	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	10.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	93.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	82.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	82.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	96.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	38.0	37.7
<b>Completely bedfast residents.</b>	7	12.1	2.8	3.4
<b>Residents confined to chairs.</b>	41	70.7	53.3	50.8
<b>Residents requiring restraints.</b>	32	55.2	44.5	41.3
<b>Confused or disoriented residents.</b>	43	74.1	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	26	44.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EATON COUNTY MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
530 WEST BEECH ST		CHARLOTTE MI 48813	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	LOCAL GOVERNMENT	01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
96	6	70

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	84.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	97.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	91.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	92.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	89.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	49.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	70	72.9	53.3	50.8
<b>Residents requiring restraints.</b>	79	82.3	44.5	41.3
<b>Confused or disoriented residents.</b>	59	61.5	62.0	58.4
<b>Residents with bed sores.</b>	6	6.3	10.0	7.1
<b>Residents receiving special skin care.</b>	84	87.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## EATON MANOR INC

<b>Street Address:</b>		<b>City and State:</b>	
511 E SHEPHERD ST		CHARLOTTE MI 48813	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	49	PROPRIETARY	01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
49	0	33

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	100	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	81.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	53.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	27.7	29.3
Completely bedfast residents.	0	0.0	1.3	3.6
Residents confined to chairs.	24	49.0	39.5	39.1
Residents requiring restraints.	22	44.9	38.0	31.7
Confused or disoriented residents.	0	0.0	63.0	55.8
Residents with bed sores.	3	6.1	6.5	4.7
Residents receiving special skin care.	26	53.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COMMUNITY MEM HOSP LTCU

<b>Street Address:</b> 748 S MAIN ST		<b>City and State:</b> CHEBOYGAN MI 49721	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 40		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	62.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	100	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	82.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	98.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	30.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	45	90.0	53.3	50.8
<b>Residents requiring restraints.</b>	32	64.0	44.5	41.3
<b>Confused or disoriented residents.</b>	26	52.0	62.0	58.4
<b>Residents with bed sores.</b>	2	4.0	10.0	7.1
<b>Residents receiving special skin care.</b>	39	78.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREEN MEADOWS NURSING HOME

<b>Street Address:</b> 824 SOUTH HURON P O BOX 408		<b>City and State:</b> CHEBOYGAN MI 49721	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 112	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/27/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
108	0	87			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	105	97.2	78.4	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	99	91.7	80.0	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	101	93.5	68.6	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	80.6	72.9	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	92	85.2	63.2	59.1	
Residents on individually written bowel and bladder retraining program.	105	97.2	9.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	31	28.7	27.7	29.3	
Completely bedfast residents.	0	0.0	1.3	3.6	
Residents confined to chairs.	27	25.0	39.5	39.1	
Residents requiring restraints.	39	36.1	38.0	31.7	
Confused or disoriented residents.	52	48.1	63.0	55.8	
Residents with bed sores.	7	6.5	6.5	4.7	
Residents receiving special skin care.	56	51.9	26.5	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHELSEA UNITED METHODIST HOME

<b>Street Address:</b>		<b>City and State:</b>	
805 WEST MIDDLE ST		CHELSEA MI 48118	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	110	NON-PROFIT RELIGIOUS	01/14/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
110	2	45			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		101	91.8	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		110	100	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		89	80.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	63.6	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		85	77.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	20.0	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		28	25.5	53.3	50.8
Residents requiring restraints.		44	40.0	44.5	41.3
Confused or disoriented residents.		67	60.9	62.0	58.4
Residents with bed sores.		4	3.6	10.0	7.1
Residents receiving special skin care.		26	23.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CHESANING REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
201 S FRONT ST		CHESANING MI 48616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	39	PROPRIETARY	10/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
38	0	33	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	65.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	60.5	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	50.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	50.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	1	2.6	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	26.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	19	50.0	39.5	39.1
<b>Residents requiring restraints.</b>	17	44.7	38.0	31.7
<b>Confused or disoriented residents.</b>	32	84.2	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	19	50.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLARE NURSING HOME

<b>Street Address:</b> 600 SE 4TH STREET		<b>City and State:</b> CLARE MI 48617	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 129	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 129	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 104	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	76.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	114	88.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	109	84.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	78.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	106	82.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	32.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	78	60.5	53.3	50.8
<b>Residents requiring restraints.</b>	51	39.5	44.5	41.3
<b>Confused or disoriented residents.</b>	72	55.8	62.0	58.4
<b>Residents with bed sores.</b>	9	7.0	10.0	7.1
<b>Residents receiving special skin care.</b>	56	43.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GROVECREST CARE CENTER OF CLARKSTON

<b>Street Address:</b> 4800 CLINTONVILLE RD		<b>City and State:</b> CLARKSTON MI 48016	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 104		<b>Medicare Residents:</b> 8		<b>Medicaid Residents:</b> 3	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		104	100	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		104	100	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		98	94.2	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	82.7	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		92	88.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		99	95.2	38.0	37.7
<b>Completely bedfast residents.</b>		1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>		35	33.7	53.3	50.8
<b>Residents requiring restraints.</b>		18	17.3	44.5	41.3
<b>Confused or disoriented residents.</b>		94	90.4	62.0	58.4
<b>Residents with bed sores.</b>		16	15.4	10.0	7.1
<b>Residents receiving special skin care.</b>		16	15.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CAMBRIDGE NURSING CENTER NORTH

<b>Street Address:</b>		<b>City and State:</b>	
535 NORTH MAIN		CLAWSON MI 48017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
119	2	57		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	79.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	98	82.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	94	79.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	53	44.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	30.3	38.0	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.8	3.4
<b>Residents confined to chairs.</b>	92	77.3	53.3	50.8
<b>Residents requiring restraints.</b>	74	62.2	44.5	41.3
<b>Confused or disoriented residents.</b>	98	82.4	62.0	58.4
<b>Residents with bed sores.</b>	36	30.3	10.0	7.1
<b>Residents receiving special skin care.</b>	68	57.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLIO CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
13137 NORTH CLIO ROAD		CLIO MI 48420	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	133	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
98	0	69	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	98	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	90.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	81.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	78.6	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	77.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	98	100	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	23.5	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	24	24.5	39.5	39.1
<b>Residents requiring restraints.</b>	63	64.3	38.0	31.7
<b>Confused or disoriented residents.</b>	83	84.7	63.0	55.8
<b>Residents with bed sores.</b>	9	9.2	6.5	4.7
<b>Residents receiving special skin care.</b>	12	12.2	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CARRIAGE INN CONVALESCENT CENTER

<b>Street Address:</b> 90 N MICHIGAN AVE		<b>City and State:</b> COLDWATER MI 49036	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 169	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 161	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 110		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	66.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	136	84.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	126	78.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	82.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	100	62.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	1.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	26.1	38.0	37.7
<b>Completely bedfast residents.</b>	4	2.5	2.8	3.4
<b>Residents confined to chairs.</b>	48	29.8	53.3	50.8
<b>Residents requiring restraints.</b>	46	28.6	44.5	41.3
<b>Confused or disoriented residents.</b>	83	51.6	62.0	58.4
<b>Residents with bed sores.</b>	13	8.1	10.0	7.1
<b>Residents receiving special skin care.</b>	61	37.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MAPLE LAWN MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
841 MARSHALL RD		COLDWATER MI 49036	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	LOCAL GOVERNMENT	04/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
113	5	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	68.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	79.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	89	78.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	80.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	62.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	32.7	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	58	51.3	53.3	50.8
<b>Residents requiring restraints.</b>	66	58.4	44.5	41.3
<b>Confused or disoriented residents.</b>	62	54.9	62.0	58.4
<b>Residents with bed sores.</b>	5	4.4	10.0	7.1
<b>Residents receiving special skin care.</b>	60	53.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHIAWASSEE COUNTY MED CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
729 SOUTH NORTON		CORUNNA MI 48817	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	152	LOCAL GOVERNMENT	11/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
152	4	130		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	127	83.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	137	90.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	78.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	77.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	68	44.7	38.0	37.7
<b>Completely bedfast residents.</b>	1	0.7	2.8	3.4
<b>Residents confined to chairs.</b>	86	56.6	53.3	50.8
<b>Residents requiring restraints.</b>	68	44.7	44.5	41.3
<b>Confused or disoriented residents.</b>	106	69.7	62.0	58.4
<b>Residents with bed sores.</b>	9	5.9	10.0	7.1
<b>Residents receiving special skin care.</b>	70	46.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRYSTAL MANOR

<b>Street Address:</b> 400 S SUPERIOR		<b>City and State:</b> CRYSTAL FALLS MI 49920	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 71	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 07/14/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
71	0	59			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		34	47.9	78.4	78.3
Dressing					
Residents requiring some or total assistance in dressing.		54	76.1	80.0	76.7
Toileting					
Residents requiring some or total assistance in toileting.		41	57.7	68.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		27	38.0	72.9	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	59.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	22.5	27.7	29.3
Completely bedfast residents.		0	0.0	1.3	3.6
Residents confined to chairs.		26	36.6	39.5	39.1
Residents requiring restraints.		15	21.1	38.0	31.7
Confused or disoriented residents.		46	64.8	63.0	55.8
Residents with bed sores.		2	2.8	6.5	4.7
Residents receiving special skin care.		2	2.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE IRON CO MEDICAL CARE FACILITY

<b>Street Address:</b> 1523 WEST US 2		<b>City and State:</b> CRYSTAL FALLS MI 49920	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 109	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 109	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 97		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	78.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	90.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	74.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	70.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	65.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	28.4	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	74	67.9	53.3	50.8
<b>Residents requiring restraints.</b>	62	56.9	44.5	41.3
<b>Confused or disoriented residents.</b>	58	53.2	62.0	58.4
<b>Residents with bed sores.</b>	11	10.1	10.0	7.1
<b>Residents receiving special skin care.</b>	15	13.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DEARBORN HEIGHTS CONV CENTER

<b>Street Address:</b>  26001 FORD RD		<b>City and State:</b>  DEARBORN HEIGHTS MI 48127	
<b>Participation:</b>  MEDICARE SNF	<b># of Beds:</b>  151	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  120	<b>Medicare Residents:</b>  16	<b>Medicaid Residents:</b>  0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	87.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	85.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	73.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	60.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	63.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	32.5	38.0	37.7
<b>Completely bedfast residents.</b>	2	1.7	2.8	3.4
<b>Residents confined to chairs.</b>	58	48.3	53.3	50.8
<b>Residents requiring restraints.</b>	52	43.3	44.5	41.3
<b>Confused or disoriented residents.</b>	75	62.5	62.0	58.4
<b>Residents with bed sores.</b>	22	18.3	10.0	7.1
<b>Residents receiving special skin care.</b>	29	24.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KENNETH J RONEY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
26505 POWERS AVENUE		DEARBORN HEIGHTS MI 48125	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	265	PROPRIETARY	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
184	159	25			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		159	86.4	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		150	81.5	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		136	73.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		136	73.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		128	69.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	21.7	38.0	37.7
Completely bedfast residents.		4	2.2	2.8	3.4
Residents confined to chairs.		90	48.9	53.3	50.8
Residents requiring restraints.		75	40.8	44.5	41.3
Confused or disoriented residents.		121	65.8	62.0	58.4
Residents with bed sores.		25	13.6	10.0	7.1
Residents receiving special skin care.		66	35.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUTUMNWOOD OF DECKERVILLE

<b>Street Address:</b>		<b>City and State:</b>	
3387 ELLA STREET		DECKERVILLE MI 48427	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
72	0	47	

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	52	72.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	87.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	81.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	81.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	62.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	18.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	44	61.1	53.3	50.8
<b>Residents requiring restraints.</b>	30	41.7	44.5	41.3
<b>Confused or disoriented residents.</b>	54	75.0	62.0	58.4
<b>Residents with bed sores.</b>	11	15.3	10.0	7.1
<b>Residents receiving special skin care.</b>	9	12.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ALPHA ANNEX NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
609 EAST GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	09/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
98	0	97		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	51.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	76.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	69.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	69.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	49.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	11.2	38.0	37.7
<b>Completely bedfast residents.</b>	2	2.0	2.8	3.4
<b>Residents confined to chairs.</b>	52	53.1	53.3	50.8
<b>Residents requiring restraints.</b>	32	32.7	44.5	41.3
<b>Confused or disoriented residents.</b>	30	30.6	62.0	58.4
<b>Residents with bed sores.</b>	7	7.1	10.0	7.1
<b>Residents receiving special skin care.</b>	3	3.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE

### ALPHA MANOR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
440 E GRAND BOULEVARD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
95	0	93

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	98.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	97.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	89.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	89.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	85.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	18.9	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	46	48.4	53.3	50.8
<b>Residents requiring restraints.</b>	40	42.1	44.5	41.3
<b>Confused or disoriented residents.</b>	90	94.7	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	12	12.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE AMERICARE CONVALESCENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
19211 ANGLIN		DETROIT MI 48234	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	06/09/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
136	2	130	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	129	94.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	129	94.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	74.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	61.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	61.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	25.0	38.0	37.7
<b>Completely bedfast residents.</b>	4	2.9	2.8	3.4
<b>Residents confined to chairs.</b>	22	16.2	53.3	50.8
<b>Residents requiring restraints.</b>	10	7.4	44.5	41.3
<b>Confused or disoriented residents.</b>	18	13.2	62.0	58.4
<b>Residents with bed sores.</b>	10	7.4	10.0	7.1
<b>Residents receiving special skin care.</b>	54	39.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ANCHORAGE CONVALESCENT HOME

<b>Street Address:</b>		<b>City and State:</b>	
13850 GRAND RIVER		DETROIT MI 48227	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	53	PROPRIETARY	09/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
53	0	49

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	45.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	69.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	47.2	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	58.5	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	30.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	4	7.5	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	7.5	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	8	15.1	39.5	39.1
<b>Residents requiring restraints.</b>	3	5.7	38.0	31.7
<b>Confused or disoriented residents.</b>	28	52.8	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	0	0.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ARNOLD HOME

<b>Street Address:</b>		<b>City and State:</b>	
18520 W SEVEN MILE ROAD		DETROIT MI 48219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	224	NON-PROFIT OTHER	05/22/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
211	5	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	182	86.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	171	81.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	126	59.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	66.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	141	66.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	7	3.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	85	40.3	38.0	37.7
<b>Completely bedfast residents.</b>	10	4.7	2.8	3.4
<b>Residents confined to chairs.</b>	70	33.2	53.3	50.8
<b>Residents requiring restraints.</b>	83	39.3	44.5	41.3
<b>Confused or disoriented residents.</b>	85	40.3	62.0	58.4
<b>Residents with bed sores.</b>	16	7.6	10.0	7.1
<b>Residents receiving special skin care.</b>	95	45.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BARTON NH

<b>Street Address:</b>		<b>City and State:</b>	
722 E GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
43	0	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	25	58.1	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	83.7	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	41.9	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	32.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	16.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	8	18.6	39.5	39.1
<b>Residents requiring restraints.</b>	4	9.3	38.0	31.7
<b>Confused or disoriented residents.</b>	27	62.8	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	4	9.3	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BOULEVARD TEMPLE METHODIST HOME

<b>Street Address:</b>		<b>City and State:</b>	
2567 W GRAND BLVD		DETROIT MI 48228	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	124	NON-PROFIT RELIGIOUS	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
121	0	71

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	71.1	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	121	100	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	74.4	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	91.7	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	69	57.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	20	16.5	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	12.4	27.7	29.3
<b>Completely bedfast residents.</b>	3	2.5	1.3	3.6
<b>Residents confined to chairs.</b>	36	29.8	39.5	39.1
<b>Residents requiring restraints.</b>	15	12.4	38.0	31.7
<b>Confused or disoriented residents.</b>	72	59.5	63.0	55.8
<b>Residents with bed sores.</b>	5	4.1	6.5	4.7
<b>Residents receiving special skin care.</b>	21	17.4	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BROADSTREET NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
12040 BROADSTREET		DETROIT MI 48204	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	0	91			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		70	76.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		90	97.8	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		68	73.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	84.8	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	75.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	2.2	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	16.3	38.0	37.7
Completely bedfast residents.		2	2.2	2.8	3.4
Residents confined to chairs.		7	7.6	53.3	50.8
Residents requiring restraints.		32	34.8	44.5	41.3
Confused or disoriented residents.		62	67.4	62.0	58.4
Residents with bed sores.		8	8.7	10.0	7.1
Residents receiving special skin care.		8	8.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CADILLAC NH

<b>Street Address:</b>		<b>City and State:</b>	
1533 CADILLAC		DETROIT MI 48214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	08/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
86	0	66

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	85	98.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	91.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	79.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	84.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	78	90.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	20	23.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	76	88.4	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	36	41.9	53.3	50.8
<b>Residents requiring restraints.</b>	21	24.4	44.5	41.3
<b>Confused or disoriented residents.</b>	67	77.9	62.0	58.4
<b>Residents with bed sores.</b>	2	2.3	10.0	7.1
<b>Residents receiving special skin care.</b>	21	24.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE COPLIN MANOR CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
4721 COPLIN ST		DETROIT MI 48215	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	38	PROPRIETARY	02/02/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
30	0	28

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	90.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	86.7	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	26	86.7	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	83.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	13.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	6	20.0	39.5	39.1
<b>Residents requiring restraints.</b>	7	23.3	38.0	31.7
<b>Confused or disoriented residents.</b>	28	93.3	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	9	30.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRANBROOK NH INC

<b>Street Address:</b>		<b>City and State:</b>	
5000 E SEVEN MILE ROAD		DETROIT MI 48234	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	91	PROPRIETARY	02/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
91	2	83		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	85.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	85.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	49	53.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	78.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	45.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	16.5	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	48	52.7	53.3	50.8
<b>Residents requiring restraints.</b>	14	15.4	44.5	41.3
<b>Confused or disoriented residents.</b>	78	85.7	62.0	58.4
<b>Residents with bed sores.</b>	4	4.4	10.0	7.1
<b>Residents receiving special skin care.</b>	15	16.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DAVID NURSING HOME

<b>Street Address:</b> 13241 WEST CHICAGO		<b>City and State:</b> DETROIT MI 48228	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 57	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 54	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	44	81.5	80.9	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	45	83.3	85.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	41	75.9	76.7	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	74.1	77.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	7.4	3.5	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	24	44.4	38.0	37.7
<b>Completely bedfast residents.</b>	6	11.1	2.8	3.4
<b>Residents confined to chairs.</b>	32	59.3	53.3	50.8
<b>Residents requiring restraints.</b>	25	46.3	44.5	41.3
<b>Confused or disoriented residents.</b>	38	70.4	62.0	58.4
<b>Residents with bed sores.</b>	8	14.8	10.0	7.1
<b>Residents receiving special skin care.</b>	13	24.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EAST GRAND NURSING HOME

<b>Street Address:</b> 130 E GRAND BLVD		<b>City and State:</b> DETROIT MI 48207	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/11/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	0	86			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		72	78.3	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		69	75.0	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		45	48.9	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	69.6	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		56	60.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		61	66.3	27.7	29.3
<b>Completely bedfast residents.</b>		3	3.3	1.3	3.6
<b>Residents confined to chairs.</b>		46	50.0	39.5	39.1
<b>Residents requiring restraints.</b>		21	22.8	38.0	31.7
<b>Confused or disoriented residents.</b>		92	100	63.0	55.8
<b>Residents with bed sores.</b>		6	6.5	6.5	4.7
<b>Residents receiving special skin care.</b>		32	34.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EASTWOOD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
626 EAST GRAND BOULEVARD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	86	PROPRIETARY	11/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
84	6	78

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	63.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	60.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	60.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	72.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	51.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	13.1	38.0	37.7
<b>Completely bedfast residents.</b>	4	4.8	2.8	3.4
<b>Residents confined to chairs.</b>	33	39.3	53.3	50.8
<b>Residents requiring restraints.</b>	20	23.8	44.5	41.3
<b>Confused or disoriented residents.</b>	50	59.5	62.0	58.4
<b>Residents with bed sores.</b>	14	16.7	10.0	7.1
<b>Residents receiving special skin care.</b>	7	8.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ELMWOOD GERIATRIC VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
1881 E GRAND BLVD		DETROIT MI 48211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
115	5	106		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	100	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	75.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	56.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	77.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	67.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	27.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	39	33.9	53.3	50.8
<b>Residents requiring restraints.</b>	21	18.3	44.5	41.3
<b>Confused or disoriented residents.</b>	104	90.4	62.0	58.4
<b>Residents with bed sores.</b>	4	3.5	10.0	7.1
<b>Residents receiving special skin care.</b>	6	5.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE EVANGELICAL HOME DETROIT

<b>Street Address:</b>		<b>City and State:</b>	
6700 W OUTER DR		DETROIT MI 48235	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	121	NON-PROFIT RELIGIOUS	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
117	1	80			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		112	95.7	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		101	86.3	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		86	73.5	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	67.5	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		83	70.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		44	37.6	38.0	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>		45	38.5	53.3	50.8
<b>Residents requiring restraints.</b>		38	32.5	44.5	41.3
<b>Confused or disoriented residents.</b>		99	84.6	62.0	58.4
<b>Residents with bed sores.</b>		12	10.3	10.0	7.1
<b>Residents receiving special skin care.</b>		105	89.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## FAIRLANE MEMORIAL CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
15750 JOY		DETROIT MI 48228	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	325	PROPRIETARY	07/11/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
297	1	263			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	25.9	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		173	58.2	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		164	55.2	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		134	45.1	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		105	35.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		4	1.3	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		92	31.0	38.0	37.7
Completely bedfast residents.		5	1.7	2.8	3.4
Residents confined to chairs.		153	51.5	53.3	50.8
Residents requiring restraints.		59	19.9	44.5	41.3
Confused or disoriented residents.		160	53.9	62.0	58.4
Residents with bed sores.		19	6.4	10.0	7.1
Residents receiving special skin care.		19	6.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRIENDSHIP MANOR NH

<b>Street Address:</b>		<b>City and State:</b>	
3950 BEAUBEIEN AVE		DETROIT MI 48201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	170	NON-PROFIT RELIGIOUS	06/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
146	0	146

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	76.7	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	77.4	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	65.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	67.8	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	65.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	54	37.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	20.5	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	50	34.2	39.5	39.1
<b>Residents requiring restraints.</b>	63	43.2	38.0	31.7
<b>Confused or disoriented residents.</b>	123	84.2	63.0	55.8
<b>Residents with bed sores.</b>	18	12.3	6.5	4.7
<b>Residents receiving special skin care.</b>	60	41.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRACE CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
18901 MEYERS RD		DETROIT MI 48235	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	226	PROPRIETARY	09/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
208	13	176

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	176	84.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	176	84.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	176	84.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	100	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	150	72.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	21.2	38.0	37.7
<b>Completely bedfast residents.</b>	2	1.0	2.8	3.4
<b>Residents confined to chairs.</b>	116	55.8	53.3	50.8
<b>Residents requiring restraints.</b>	30	14.4	44.5	41.3
<b>Confused or disoriented residents.</b>	190	91.3	62.0	58.4
<b>Residents with bed sores.</b>	30	14.4	10.0	7.1
<b>Residents receiving special skin care.</b>	10	4.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREAT LAKES CONTINUING CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
12900 W CHICAGO		DETROIT MI 48228	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	164	PROPRIETARY	06/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
128	0	119			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		62	48.4	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		85	66.4	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		83	64.8	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		80	62.5	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		75	58.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.		10	7.8	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		39	30.5	27.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>		25	19.5	39.5	39.1
<b>Residents requiring restraints.</b>		15	11.7	38.0	31.7
<b>Confused or disoriented residents.</b>		62	48.4	63.0	55.8
<b>Residents with bed sores.</b>		5	3.9	6.5	4.7
<b>Residents receiving special skin care.</b>		10	7.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HADLEY MANOR NURSING CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
535 E GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	38	PROPRIETARY	06/30/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
37		0		37	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		20	54.1	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		30	81.1	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		15	40.5	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	64.9	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		20	54.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.		3	8.1	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		7	18.9	27.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>		4	10.8	39.5	39.1
<b>Residents requiring restraints.</b>		5	13.5	38.0	31.7
<b>Confused or disoriented residents.</b>		30	81.1	63.0	55.8
<b>Residents with bed sores.</b>		0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>		3	8.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## HAMILTON NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
590 EAST GRAND BOULEVARD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
55	0	6	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	18	32.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	25	45.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	27.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	45.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	21.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	10.9	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	15	27.3	53.3	50.8
<b>Residents requiring restraints.</b>	5	9.1	44.5	41.3
<b>Confused or disoriented residents.</b>	33	60.0	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	3	5.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HILLCREST CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
12535 HARPER		DETROIT MI 48213	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	79	PROPRIETARY	04/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
77	10	54	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	72.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	83.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	83.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	74.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	66.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	5	6.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	66.2	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	54	70.1	53.3	50.8
<b>Residents requiring restraints.</b>	35	45.5	44.5	41.3
<b>Confused or disoriented residents.</b>	40	51.9	62.0	58.4
<b>Residents with bed sores.</b>	13	16.9	10.0	7.1
<b>Residents receiving special skin care.</b>	4	5.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE INGLESIDE CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
9155 WOODWARD AVE		DETROIT MI 48202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	141	PROPRIETARY	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
138	0	134

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	57.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	126	91.3	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	58.0	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	56.5	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	55.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	87	63.0	27.7	29.3
<b>Completely bedfast residents.</b>	1	0.7	1.3	3.6
<b>Residents confined to chairs.</b>	37	26.8	39.5	39.1
<b>Residents requiring restraints.</b>	12	8.7	38.0	31.7
<b>Confused or disoriented residents.</b>	112	81.2	63.0	55.8
<b>Residents with bed sores.</b>	6	4.3	6.5	4.7
<b>Residents receiving special skin care.</b>	8	5.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JESSIE THOMPSON CONVALESCENT HOME

<b>Street Address:</b> 650 E GRAND BLVD		<b>City and State:</b> DETROIT MI 48207	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 42	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 28	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	57.1	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	23	82.1	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	53.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	64.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	25.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	4	14.3	27.7	29.3
<b>Completely bedfast residents.</b>	2	7.1	1.3	3.6
<b>Residents confined to chairs.</b>	3	10.7	39.5	39.1
<b>Residents requiring restraints.</b>	3	10.7	38.0	31.7
<b>Confused or disoriented residents.</b>	24	85.7	63.0	55.8
<b>Residents with bed sores.</b>	1	3.6	6.5	4.7
<b>Residents receiving special skin care.</b>	3	10.7	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE JEWISH HOME FOR AGED NO 2

<b>Street Address:</b>		<b>City and State:</b>	
19100 WEST SEVEN MILE ROAD		DETROIT MI 48219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	212	PROPRIETARY	05/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
203	15	144		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	144	70.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	140	69.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	121	59.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	62.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	119	58.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	23.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	97	47.8	53.3	50.8
<b>Residents requiring restraints.</b>	59	29.1	44.5	41.3
<b>Confused or disoriented residents.</b>	133	65.5	62.0	58.4
<b>Residents with bed sores.</b>	43	21.2	10.0	7.1
<b>Residents receiving special skin care.</b>	8	3.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

MET	21	6.8	1123	11.9
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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

MET	29	9.4	2045	21.6
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Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

MET	33	10.6	1662	17.6
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Drugs are administered according to the written orders of the attending physician.

MET	66	21.3	2739	29.0
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Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

MET	7	2.3	1389	14.7
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Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

MET	8	2.6	587	6.2
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Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

MET	16	5.2	816	8.6
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

MET	32	10.3	1099	11.6
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Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

MET	21	6.8	1270	13.4
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Toilet and bath facilities are clean, sanitary, and free of odors.

MET	13	4.2	1216	12.9
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All common resident areas are clean, sanitary and free of odors.

MET	30	9.7	1041	11.0
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All essential mechanical and electrical equipment is maintained in safe operating condition.

MET	30	9.7	1413	14.9
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Resident care equipment is clean and maintained in safe operating condition.

MET	22	7.1	1408	14.9
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Isolation techniques to prevent the spread of infection are followed by all personnel.

MET	40	12.9	2340	24.7
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The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

MET	10	3.2	700	7.4
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Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

MET	60	19.4	4050	42.8
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**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LAKELAND CONVALESCENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
751 E GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	92	NON-PROFIT PRIVATE	10/13/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	0	75

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	21.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	76.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	41.3	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	48.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	36.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	4	5.3	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	22.7	27.7	29.3
<b>Completely bedfast residents.</b>	1	1.3	1.3	3.6
<b>Residents confined to chairs.</b>	21	28.0	39.5	39.1
<b>Residents requiring restraints.</b>	18	24.0	38.0	31.7
<b>Confused or disoriented residents.</b>	60	80.0	63.0	55.8
<b>Residents with bed sores.</b>	4	5.3	6.5	4.7
<b>Residents receiving special skin care.</b>	21	28.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LASALLE NURSING HOME

<b>Street Address:</b>  2411 W GRAND BLVD		<b>City and State:</b>  DETROIT MI 48208	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  100	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  08/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  84	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  84	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>  Residents requiring some or total assistance in bathing.	34	40.5	78.4	78.3
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	61	72.6	80.0	76.7
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	64	76.2	68.6	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	69.0	72.9	66.0
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	49	58.3	63.2	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	16	19.0	27.7	29.3
<b>Completely bedfast residents.</b>	5	6.0	1.3	3.6
<b>Residents confined to chairs.</b>	29	34.5	39.5	39.1
<b>Residents requiring restraints.</b>	7	8.3	38.0	31.7
<b>Confused or disoriented residents.</b>	53	63.1	63.0	55.8
<b>Residents with bed sores.</b>	7	8.3	6.5	4.7
<b>Residents receiving special skin care.</b>	6	7.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAVILLA NURSING CENTER

<b>Street Address:</b>  660 E GRAND BLVD		<b>City and State:</b>  DETROIT MI 48207	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  95	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  11/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  91	<b>Medicare Residents:</b>  2	<b>Medicaid Residents:</b>  87		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	83.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	82.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	73.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	76.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	57.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	28.6	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.1	2.8	3.4
<b>Residents confined to chairs.</b>	30	33.0	53.3	50.8
<b>Residents requiring restraints.</b>	14	15.4	44.5	41.3
<b>Confused or disoriented residents.</b>	72	79.1	62.0	58.4
<b>Residents with bed sores.</b>	5	5.5	10.0	7.1
<b>Residents receiving special skin care.</b>	6	6.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAW-DEN NH

<b>Street Address:</b>		<b>City and State:</b>	
1640 WEBB AVE		DETROIT MI 48206	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	100	PROPRIETARY	04/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
97		0		89	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		43	44.3	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		73	75.3	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		60	61.9	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	90.7	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		70	72.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		14	14.4	27.7	29.3
<b>Completely bedfast residents.</b>		3	3.1	1.3	3.6
<b>Residents confined to chairs.</b>		15	15.5	39.5	39.1
<b>Residents requiring restraints.</b>		17	17.5	38.0	31.7
<b>Confused or disoriented residents.</b>		85	87.6	63.0	55.8
<b>Residents with bed sores.</b>		5	5.2	6.5	4.7
<b>Residents receiving special skin care.</b>		15	15.5	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LINCOLN CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
13001 W CHICAGO		DETROIT MI 48228	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	118	PROPRIETARY	08/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
109	55	54		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	94.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	94.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	62.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	87.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	59.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	46	42.2	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	73	67.0	53.3	50.8
<b>Residents requiring restraints.</b>	3	2.8	44.5	41.3
<b>Confused or disoriented residents.</b>	103	94.5	62.0	58.4
<b>Residents with bed sores.</b>	6	5.5	10.0	7.1
<b>Residents receiving special skin care.</b>	109	100	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE LITTLE SISTERS OF THE POOR

<b>Street Address:</b>		<b>City and State:</b>	
17550 SOUTHFIELD RD		DETROIT MI 48235	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	73	NON-PROFIT OTHER	10/23/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	1	54			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		61	91.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		53	79.1	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		41	61.2	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	71.6	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		39	58.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		20	29.9	38.0	37.7
<b>Completely bedfast residents.</b>		2	3.0	2.8	3.4
<b>Residents confined to chairs.</b>		36	53.7	53.3	50.8
<b>Residents requiring restraints.</b>		19	28.4	44.5	41.3
<b>Confused or disoriented residents.</b>		30	44.8	62.0	58.4
<b>Residents with bed sores.</b>		5	7.5	10.0	7.1
<b>Residents receiving special skin care.</b>		33	49.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## LUTHER HAVEN NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
464 E GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	89	NON-PROFIT RELIGIOUS	04/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
86	3	73	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	94.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	87.2	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	67.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	55.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	67.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	29.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	20	23.3	53.3	50.8
<b>Residents requiring restraints.</b>	39	45.3	44.5	41.3
<b>Confused or disoriented residents.</b>	67	77.9	62.0	58.4
<b>Residents with bed sores.</b>	4	4.7	10.0	7.1
<b>Residents receiving special skin care.</b>	17	19.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MADONNA NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
15311 SCHAEFER AV		DETROIT MI 48227	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	138	PROPRIETARY	10/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
116	0	115	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	87	75.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	71.6	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	63.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	62.1	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	31.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	29	25.0	39.5	39.1
<b>Residents requiring restraints.</b>	36	31.0	38.0	31.7
<b>Confused or disoriented residents.</b>	54	46.6	63.0	55.8
<b>Residents with bed sores.</b>	4	3.4	6.5	4.7
<b>Residents receiving special skin care.</b>	6	5.2	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEDICOS HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
22355 WEST EIGHT MILE ROAD		DETROIT MI 48219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT PRIVATE	04/06/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
159	20	123			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		89	56.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		146	91.8	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		141	88.7	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		127	79.9	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		141	88.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		87	54.7	38.0	37.7
<b>Completely bedfast residents.</b>		15	9.4	2.8	3.4
<b>Residents confined to chairs.</b>		101	63.5	53.3	50.8
<b>Residents requiring restraints.</b>		83	52.2	44.5	41.3
<b>Confused or disoriented residents.</b>		82	51.6	62.0	58.4
<b>Residents with bed sores.</b>		53	33.3	10.0	7.1
<b>Residents receiving special skin care.</b>		61	38.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## MOROUN NURS HME

<b>Street Address:</b>		<b>City and State:</b>	
8045 E JEFFERSON AVE		DETROIT MI 48214	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	189	PROPRIETARY	10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
155	0	111

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	125	80.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	130	83.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	132	85.2	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	3.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	137	88.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	16.8	38.0	37.7
<b>Completely bedfast residents.</b>	5	3.2	2.8	3.4
<b>Residents confined to chairs.</b>	82	52.9	53.3	50.8
<b>Residents requiring restraints.</b>	44	28.4	44.5	41.3
<b>Confused or disoriented residents.</b>	127	81.9	62.0	58.4
<b>Residents with bed sores.</b>	9	5.8	10.0	7.1
<b>Residents receiving special skin care.</b>	24	15.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE NEW DETROIT NURSING CTR

<b>Street Address:</b>		<b>City and State:</b>	
716 E GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	50	PROPRIETARY	09/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
47	0	47	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	97.9	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	76.6	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	63.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	63.8	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	2	4.3	39.5	39.1
<b>Residents requiring restraints.</b>	9	19.1	38.0	31.7
<b>Confused or disoriented residents.</b>	29	61.7	63.0	55.8
<b>Residents with bed sores.</b>	3	6.4	6.5	4.7
<b>Residents receiving special skin care.</b>	40	85.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NEW LIGHT NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
9500 GRAND RIVER AVE		DETROIT MI 48204	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	189	NON-PROFIT RELIGIOUS	07/22/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
162	5	143			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		113	69.8	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		136	84.0	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		121	74.7	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		122	75.3	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		103	63.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		17	10.5	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		59	36.4	38.0	37.7
Completely bedfast residents.		5	3.1	2.8	3.4
Residents confined to chairs.		110	67.9	53.3	50.8
Residents requiring restraints.		70	43.2	44.5	41.3
Confused or disoriented residents.		106	65.4	62.0	58.4
Residents with bed sores.		17	10.5	10.0	7.1
Residents receiving special skin care.		42	25.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NORTHLAND NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
21630 HESSEL		DETROIT MI 48219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	PROPRIETARY	09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
107	0	102

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	82.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	90.7	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	75.7	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	69.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	67	62.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	11.2	27.7	29.3
<b>Completely bedfast residents.</b>	1	0.9	1.3	3.6
<b>Residents confined to chairs.</b>	36	33.6	39.5	39.1
<b>Residents requiring restraints.</b>	21	19.6	38.0	31.7
<b>Confused or disoriented residents.</b>	55	51.4	63.0	55.8
<b>Residents with bed sores.</b>	23	21.5	6.5	4.7
<b>Residents receiving special skin care.</b>	1	0.9	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE NORTHWEST CONTINUING CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
16181 HUBBELL		DETROIT MI 48235	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	154	NON-PROFIT OTHER	05/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
151	0	148		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		110	72.8	80.9
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		120	79.5	85.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		109	72.2	76.7
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		133	88.1	77.7
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		113	74.8	69.9
Residents on individually written bowel and bladder retraining program.		10	6.6	3.5
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		85	56.3	38.0
Completely bedfast residents.		5	3.3	2.8
Residents confined to chairs.		61	40.4	53.3
Residents requiring restraints.		50	33.1	44.5
Confused or disoriented residents.		78	51.7	62.0
Residents with bed sores.		10	6.6	10.0
Residents receiving special skin care.		12	7.9	32.7

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PEMBROOK NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
9146 WOODWARD AVE		DETROIT MI 48202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	195	PROPRIETARY	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
143	0	142

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	104	72.7	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	107	74.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	68.5	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	67.1	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	76.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	4	2.8	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	21.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	46	32.2	39.5	39.1
<b>Residents requiring restraints.</b>	59	41.3	38.0	31.7
<b>Confused or disoriented residents.</b>	138	96.5	63.0	55.8
<b>Residents with bed sores.</b>	14	9.8	6.5	4.7
<b>Residents receiving special skin care.</b>	14	9.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PRESBYTERIAN VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
25300 W SIX MILE ROAD		DETROIT MI 48240	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	88	NON-PROFIT RELIGIOUS	06/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
88	0	80

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	79.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	96.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	84.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	85.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	48.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	30.7	38.0	37.7
<b>Completely bedfast residents.</b>	4	4.5	2.8	3.4
<b>Residents confined to chairs.</b>	39	44.3	53.3	50.8
<b>Residents requiring restraints.</b>	35	39.8	44.5	41.3
<b>Confused or disoriented residents.</b>	44	50.0	62.0	58.4
<b>Residents with bed sores.</b>	3	3.4	10.0	7.1
<b>Residents receiving special skin care.</b>	44	50.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE QUALICARE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
695 EAST GRAND BLVD		DETROIT MI 48207	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	07/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
102	4	96

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	86.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	86.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	86.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	86.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	80.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	19.6	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>	53	52.0	53.3	50.8
<b>Residents requiring restraints.</b>	33	32.4	44.5	41.3
<b>Confused or disoriented residents.</b>	96	94.1	62.0	58.4
<b>Residents with bed sores.</b>	17	16.7	10.0	7.1
<b>Residents receiving special skin care.</b>	10	9.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE REDFORD GERIATRIC VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
22811 W SEVEN MILE RD		DETROIT MI 48219	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	NON-PROFIT PRIVATE	11/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	4	88

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	69	69.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	97.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	92.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	90.9	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	71.7	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	23	23.2	53.3	50.8
<b>Residents requiring restraints.</b>	43	43.4	44.5	41.3
<b>Confused or disoriented residents.</b>	80	80.8	62.0	58.4
<b>Residents with bed sores.</b>	12	12.1	10.0	7.1
<b>Residents receiving special skin care.</b>	42	42.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE REGENCY PARK CONVALESCENT CENTER

<b>Street Address:</b> 5201 CONNER		<b>City and State:</b> DETROIT MI 48213	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 234	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 92	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 92
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	50.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	60	65.2	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	32.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	43.5	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	39.1	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	13.0	27.7	29.3
<b>Completely bedfast residents.</b>	2	2.2	1.3	3.6
<b>Residents confined to chairs.</b>	22	23.9	39.5	39.1
<b>Residents requiring restraints.</b>	16	17.4	38.0	31.7
<b>Confused or disoriented residents.</b>	50	54.3	63.0	55.8
<b>Residents with bed sores.</b>	3	3.3	6.5	4.7
<b>Residents receiving special skin care.</b>	14	15.2	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST ANNES CONVALESCENT HOME

<b>Street Address:</b>		<b>City and State:</b>	
6232 CADIEUX ROAD		DETROIT MI 48224	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	07/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
100	2	81			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		83	83.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		75	75.0	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		60	60.0	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		73	73.0	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		49	49.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		20	20.0	38.0	37.7
<b>Completely bedfast residents.</b>		3	3.0	2.8	3.4
<b>Residents confined to chairs.</b>		35	35.0	53.3	50.8
<b>Residents requiring restraints.</b>		38	38.0	44.5	41.3
<b>Confused or disoriented residents.</b>		60	60.0	62.0	58.4
<b>Residents with bed sores.</b>		0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>		44	44.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST BENEDICT NURSING HOME

<b>Street Address:</b> 281 W GRAND BLVD		<b>City and State:</b> DETROIT MI 48216	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 258	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 174	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 158	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	143	82.2	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	119	68.4	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	42.5	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	56.9	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	110	63.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	9.8	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	71	40.8	39.5	39.1
<b>Residents requiring restraints.</b>	61	35.1	38.0	31.7
<b>Confused or disoriented residents.</b>	88	50.6	63.0	55.8
<b>Residents with bed sores.</b>	10	5.7	6.5	4.7
<b>Residents receiving special skin care.</b>	15	8.6	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST CLARE CONVALESCENT CENTER

<b>Street Address:</b> 15063 GRATIOT		<b>City and State:</b> DETROIT MI 48205	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 131	<b>Medicare Residents:</b> 12	<b>Medicaid Residents:</b> 95	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	56.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	102	77.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	58.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	64.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	53.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	22.9	38.0	37.7
<b>Completely bedfast residents.</b>	5	3.8	2.8	3.4
<b>Residents confined to chairs.</b>	63	48.1	53.3	50.8
<b>Residents requiring restraints.</b>	48	36.6	44.5	41.3
<b>Confused or disoriented residents.</b>	83	63.4	62.0	58.4
<b>Residents with bed sores.</b>	12	9.2	10.0	7.1
<b>Residents receiving special skin care.</b>	6	4.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST MARTIN DEPORRES NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1880 E GRAND BLVD		DETROIT MI 48211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	27	PROPRIETARY	01/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	0	71

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	96.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	76.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	38.7	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	93.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	40.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	21	28.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	8.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	15	20.0	39.5	39.1
<b>Residents requiring restraints.</b>	9	12.0	38.0	31.7
<b>Confused or disoriented residents.</b>	43	57.3	63.0	55.8
<b>Residents with bed sores.</b>	1	1.3	6.5	4.7
<b>Residents receiving special skin care.</b>	21	28.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST MARTIN DEPORRES NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1880 E GRAND BLVD		DETROIT MI 48211	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	81	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	0	74

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	78.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	68.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	34	45.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	86.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	44.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	13	17.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	1.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	13	17.3	53.3	50.8
<b>Residents requiring restraints.</b>	6	8.0	44.5	41.3
<b>Confused or disoriented residents.</b>	17	22.7	62.0	58.4
<b>Residents with bed sores.</b>	1	1.3	10.0	7.1
<b>Residents receiving special skin care.</b>	13	17.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE WESTWOOD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
16588 SCHAEFER		DETROIT MI 48235	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	08/03/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
132	1	126

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	86.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	117	88.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	76.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	72.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	72.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	38.6	38.0	37.7
<b>Completely bedfast residents.</b>	3	2.3	2.8	3.4
<b>Residents confined to chairs.</b>	81	61.4	53.3	50.8
<b>Residents requiring restraints.</b>	36	27.3	44.5	41.3
<b>Confused or disoriented residents.</b>	95	72.0	62.0	58.4
<b>Residents with bed sores.</b>	14	10.6	10.0	7.1
<b>Residents receiving special skin care.</b>	4	3.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST LAWRENCE DIMONDALE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4000 N MICHIGAN ROAD		DIMONDALE MI 48821	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	171	NON-PROFIT RELIGIOUS	02/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
168	7	93	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	154	91.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	157	93.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	144	85.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	54.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	119	70.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.2	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	28.0	38.0	37.7
<b>Completely bedfast residents.</b>	18	10.7	2.8	3.4
<b>Residents confined to chairs.</b>	114	67.9	53.3	50.8
<b>Residents requiring restraints.</b>	84	50.0	44.5	41.3
<b>Confused or disoriented residents.</b>	88	52.4	62.0	58.4
<b>Residents with bed sores.</b>	12	7.1	10.0	7.1
<b>Residents receiving special skin care.</b>	112	66.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARBORS HEALTH FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
243 130TH AVE BOX 2		DOUGLAS MI 49406	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	35	NON-PROFIT OTHER	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
23	0	12		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	22	95.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	95.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	21	91.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	20	87.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	30.4	38.0	37.7
<b>Completely bedfast residents.</b>	1	4.3	2.8	3.4
<b>Residents confined to chairs.</b>	8	34.8	53.3	50.8
<b>Residents requiring restraints.</b>	9	39.1	44.5	41.3
<b>Confused or disoriented residents.</b>	19	82.6	62.0	58.4
<b>Residents with bed sores.</b>	4	17.4	10.0	7.1
<b>Residents receiving special skin care.</b>	4	17.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE DOWAGIAC NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
610 UNETA STREET		DOWAGIAC MI 49047	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	11/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
141	8	107

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	68.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	111	78.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	66.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	61.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	63.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	6	4.3	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	113	80.1	38.0	37.7
<b>Completely bedfast residents.</b>	11	7.8	2.8	3.4
<b>Residents confined to chairs.</b>	73	51.8	53.3	50.8
<b>Residents requiring restraints.</b>	75	53.2	44.5	41.3
<b>Confused or disoriented residents.</b>	88	62.4	62.0	58.4
<b>Residents with bed sores.</b>	13	9.2	10.0	7.1
<b>Residents receiving special skin care.</b>	14	9.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE DURAND CONV CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8750 E MONROE RD		DURAND MI 48429	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	159	PROPRIETARY	11/21/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
156		2		93	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		125	80.1	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		134	85.9	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		122	78.2	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		156	100	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		113	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	1.3	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		58	37.2	38.0	37.7
<b>Completely bedfast residents.</b>		1	0.6	2.8	3.4
<b>Residents confined to chairs.</b>		123	78.8	53.3	50.8
<b>Residents requiring restraints.</b>		91	58.3	44.5	41.3
<b>Confused or disoriented residents.</b>		97	62.2	62.0	58.4
<b>Residents with bed sores.</b>		2	1.3	10.0	7.1
<b>Residents receiving special skin care.</b>		55	35.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRANDVUE MEDICAL CARE FACILITY

<b>Street Address:</b> ROUTE 2 PENINSULA ROAD		<b>City and State:</b> EAST JORDAN MI 49727	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 73	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 63	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 53	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	90.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	98.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	85.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	85.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	57.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	26	41.3	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	24	38.1	53.3	50.8
Residents requiring restraints.	37	58.7	44.5	41.3
Confused or disoriented residents.	32	50.8	62.0	58.4
Residents with bed sores.	5	7.9	10.0	7.1
Residents receiving special skin care.	21	33.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BURCHAM HILLS RETIREMENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
2700 BURCHAM DRIVE		EAST LANSING MI 48909	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	89	PROPRIETARY	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
84	1	14		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	88.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	96.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	81.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	75.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	71.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	45.2	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	36	42.9	53.3	50.8
<b>Residents requiring restraints.</b>	45	53.6	44.5	41.3
<b>Confused or disoriented residents.</b>	58	69.0	62.0	58.4
<b>Residents with bed sores.</b>	10	11.9	10.0	7.1
<b>Residents receiving special skin care.</b>	13	15.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE EAST LANSING HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
2815 NORTHWIND DRIVE		EAST LANSING MI 48823	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	113	PROPRIETARY	01/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
89	0	77

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	85.4	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	73.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	64.0	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	66.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	64.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	16.9	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	27	30.3	39.5	39.1
<b>Residents requiring restraints.</b>	40	44.9	38.0	31.7
<b>Confused or disoriented residents.</b>	59	66.3	63.0	55.8
<b>Residents with bed sores.</b>	3	3.4	6.5	4.7
<b>Residents receiving special skin care.</b>	36	40.4	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WHITEHILLS HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1843 N HAGADORN RD		EAST LANSING MI 48823	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	115	PROPRIETARY	05/18/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
111	1	92			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		99	89.2	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		99	89.2	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		89	80.2	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	79.3	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		65	58.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		20	18.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		37	33.3	38.0	37.7
<b>Completely bedfast residents.</b>		1	0.9	2.8	3.4
<b>Residents confined to chairs.</b>		91	82.0	53.3	50.8
<b>Residents requiring restraints.</b>		94	84.7	44.5	41.3
<b>Confused or disoriented residents.</b>		18	16.2	62.0	58.4
<b>Residents with bed sores.</b>		11	9.9	10.0	7.1
<b>Residents receiving special skin care.</b>		47	42.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BISHOP NOA HOME FOR SR CITIZENS

<b>Street Address:</b>		<b>City and State:</b>	
624 LUDINGTON ST		ESCANABA MI 49829	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	81	NON-PROFIT RELIGIOUS	06/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
80	0	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	92.5	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	77.5	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	71.2	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	66.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	56.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	65	81.3	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	28.7	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	36	45.0	39.5	39.1
<b>Residents requiring restraints.</b>	25	31.3	38.0	31.7
<b>Confused or disoriented residents.</b>	40	50.0	63.0	55.8
<b>Residents with bed sores.</b>	4	5.0	6.5	4.7
<b>Residents receiving special skin care.</b>	35	43.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE NORTHWOODS ANNEX**

<b>Street Address:</b>		<b>City and State:</b>	
2525 7TH AVENUE SOUTH		ESCANABA MI 49829	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	59	PROPRIETARY	06/24/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
55	2	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	83.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	83.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	83.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	76.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	47	85.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	29.1	38.0	37.7
<b>Completely bedfast residents.</b>	2	3.6	2.8	3.4
<b>Residents confined to chairs.</b>	18	32.7	53.3	50.8
<b>Residents requiring restraints.</b>	28	50.9	44.5	41.3
<b>Confused or disoriented residents.</b>	34	61.8	62.0	58.4
<b>Residents with bed sores.</b>	1	1.8	10.0	7.1
<b>Residents receiving special skin care.</b>	26	47.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE NORTHWOODS MANOR

<b>Street Address:</b> 2415 5TH AVE S		<b>City and State:</b> ESCANABA MI 49829	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 99	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 98	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 71
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	88	89.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	96	98.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	81.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	86.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	78.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	39.8	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>	50	51.0	53.3	50.8
<b>Residents requiring restraints.</b>	64	65.3	44.5	41.3
<b>Confused or disoriented residents.</b>	58	59.2	62.0	58.4
<b>Residents with bed sores.</b>	26	26.5	10.0	7.1
<b>Residents receiving special skin care.</b>	59	60.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## BAY COUNTY MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
564 W HAMPTON ROAD		ESSEXVILLE MI 48732	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	206	LOCAL GOVERNMENT	03/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
203	23	159

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	184	90.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	189	93.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	183	90.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	188	92.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	129	63.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	69	34.0	38.0	37.7
<b>Completely bedfast residents.</b>	6	3.0	2.8	3.4
<b>Residents confined to chairs.</b>	125	61.6	53.3	50.8
<b>Residents requiring restraints.</b>	78	38.4	44.5	41.3
<b>Confused or disoriented residents.</b>	83	40.9	62.0	58.4
<b>Residents with bed sores.</b>	21	10.3	10.0	7.1
<b>Residents receiving special skin care.</b>	118	58.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE AUSABLE VALLEY HOME

<b>Street Address:</b>		<b>City and State:</b>	
1390 MAPLE DR BOX 2000		FAIRVIEW MI 48621	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	62	NON-PROFIT RELIGIOUS	01/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
62	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	98.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	91.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	100	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	67.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	64.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	32.3	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.6	2.8	3.4
<b>Residents confined to chairs.</b>	41	66.1	53.3	50.8
<b>Residents requiring restraints.</b>	30	48.4	44.5	41.3
<b>Confused or disoriented residents.</b>	30	48.4	62.0	58.4
<b>Residents with bed sores.</b>	1	1.6	10.0	7.1
<b>Residents receiving special skin care.</b>	33	53.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILLIAMSBURG CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
21017 MIDDLEBELT ROAD		FARMINGTON HILLS MI 48024	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	112	PROPRIETARY	07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
103	0	83		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	89.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	72.8	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	68.9	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	88.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	52.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	9.7	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	67	65.0	39.5	39.1
<b>Residents requiring restraints.</b>	35	34.0	38.0	31.7
<b>Confused or disoriented residents.</b>	60	58.3	63.0	55.8
<b>Residents with bed sores.</b>	17	16.5	6.5	4.7
<b>Residents receiving special skin care.</b>	16	15.5	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FARMINGTON NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
30405 FOLSOM ROAD		FARMINGTON MI 48024	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	179	NON-PROFIT PRIVATE	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
166	0	110

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	149	89.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	144	86.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	141	84.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	70.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	135	81.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	56	33.7	38.0	37.7
<b>Completely bedfast residents.</b>	11	6.6	2.8	3.4
<b>Residents confined to chairs.</b>	96	57.8	53.3	50.8
<b>Residents requiring restraints.</b>	79	47.6	44.5	41.3
<b>Confused or disoriented residents.</b>	129	77.7	62.0	58.4
<b>Residents with bed sores.</b>	28	16.9	10.0	7.1
<b>Residents receiving special skin care.</b>	72	43.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OAK HILL CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
34225 GRAND RIVER AVE		FARMINGTON MI 48024	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	137	PROPRIETARY	02/03/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
122	6	78			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	91.8	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		113	92.6	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		95	77.9	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		95	77.9	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	71.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.		12	9.8	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	45.1	38.0	37.7
Completely bedfast residents.		5	4.1	2.8	3.4
Residents confined to chairs.		77	63.1	53.3	50.8
Residents requiring restraints.		67	54.9	44.5	41.3
Confused or disoriented residents.		65	53.3	62.0	58.4
Residents with bed sores.		33	27.0	10.0	7.1
Residents receiving special skin care.		26	21.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	1	0.3	201	2.1
MET	10	3.2	518	5.5
MET	2	0.6	168	1.8
MET	8	2.6	806	8.5
MET	6	1.9	1618	17.1
MET	0	0.0	36	0.4
MET	0	0.0	205	2.2
MET	0	0.0	30	0.3
MET	0	0.0	145	1.5
MET	0	0.0	49	0.5
MET	22	7.1	508	5.4
MET	74	23.9	2816	29.8
MET	39	12.6	1733	18.3
MET	39	12.6	1052	11.1
MET	41	13.2	1512	16.0
MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OAK HILL NURSING HOME ANNEX

<b>Street Address:</b>  23600 GILL ROAD		<b>City and State:</b>  FARMINGTON MI 48024	
<b>Participation:</b>  MEDICAID ICF	<b># of Beds:</b>  16	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  12	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  9
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	9	75.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	41.7	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	50.0	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	25.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	33.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	3	25.0	39.5	39.1
<b>Residents requiring restraints.</b>	1	8.3	38.0	31.7
<b>Confused or disoriented residents.</b>	6	50.0	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	1	8.3	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ARDIS NURSING HOME

<b>Street Address:</b> 2532 CADILLAC DR		<b>City and State:</b> FARWELL MI 48622	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 71	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 70		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 55	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		68	97.1	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		53	75.7	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		48	68.6	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	71.4	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		49	70.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		30	42.9	38.0	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>		40	57.1	53.3	50.8
<b>Residents requiring restraints.</b>		28	40.0	44.5	41.3
<b>Confused or disoriented residents.</b>		51	72.9	62.0	58.4
<b>Residents with bed sores.</b>		1	1.4	10.0	7.1
<b>Residents receiving special skin care.</b>		10	14.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRESTMONT MEDICAL CARE INC

<b>Street Address:</b>		<b>City and State:</b>	
111 TREALOUT DR		FENTON MI 48430	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	06/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
128	2	54

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	74.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	78.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	71.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	68.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	51.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	36.7	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	39	30.5	53.3	50.8
<b>Residents requiring restraints.</b>	53	41.4	44.5	41.3
<b>Confused or disoriented residents.</b>	71	55.5	62.0	58.4
<b>Residents with bed sores.</b>	14	10.9	10.0	7.1
<b>Residents receiving special skin care.</b>	29	22.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FENTON EXTENDED CARE CTR

<b>Street Address:</b> 512 BEACH ST		<b>City and State:</b> FENTON MI 48430	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 121	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 99	
		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		97	85.1	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		94	82.5	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		84	73.7	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		84	73.7	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		82	71.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		48	42.1	27.7	29.3
<b>Completely bedfast residents.</b>		3	2.6	1.3	3.6
<b>Residents confined to chairs.</b>		47	41.2	39.5	39.1
<b>Residents requiring restraints.</b>		59	51.8	38.0	31.7
<b>Confused or disoriented residents.</b>		56	49.1	63.0	55.8
<b>Residents with bed sores.</b>		5	4.4	6.5	4.7
<b>Residents receiving special skin care.</b>		22	19.3	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HAMMOND REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
700 S ADELAIDE ST		FENTON MI 48430	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	25	PROPRIETARY	01/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
25	0	12

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	64.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	88.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	60.0	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	60.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	48.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	6	24.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	28.0	27.7	29.3
<b>Completely bedfast residents.</b>	3	12.0	1.3	3.6
<b>Residents confined to chairs.</b>	2	8.0	39.5	39.1
<b>Residents requiring restraints.</b>	5	20.0	38.0	31.7
<b>Confused or disoriented residents.</b>	8	32.0	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	6	24.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILTON CONVALESCENT HOME

<b>Street Address:</b>		<b>City and State:</b>	
3161 HILTON RD		FERNDAL MI 48220	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	78	PROPRIETARY	04/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
76		4		59	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		55	72.4	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		51	67.1	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		36	47.4	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	67.1	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		55	72.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		5	6.6	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		34	44.7	38.0	37.7
<b>Completely bedfast residents.</b>		2	2.6	2.8	3.4
<b>Residents confined to chairs.</b>		35	46.1	53.3	50.8
<b>Residents requiring restraints.</b>		12	15.8	44.5	41.3
<b>Confused or disoriented residents.</b>		32	42.1	62.0	58.4
<b>Residents with bed sores.</b>		7	9.2	10.0	7.1
<b>Residents receiving special skin care.</b>		55	72.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BEECHER MANOR

<b>Street Address:</b>		<b>City and State:</b>	
702 S BALLENGER HIGHWAY		FLINT MI 48502	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF	60	NON-PROFIT PRIVATE	02/17/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	56	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	100	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	100	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	100	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	100	69.9	68.2
Residents on individually written bowel and bladder retraining program.	6	10.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	76.8	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	50	89.3	53.3	50.8
<b>Residents requiring restraints.</b>	0	0.0	44.5	41.3
<b>Confused or disoriented residents.</b>	56	100	62.0	58.4
<b>Residents with bed sores.</b>	1	1.8	10.0	7.1
<b>Residents receiving special skin care.</b>	18	32.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BRIARWOOD MANOR

<b>Street Address:</b>		<b>City and State:</b>	
3011 NORTH CENTER ROAD		FLINT MI 48506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	97	PROPRIETARY	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	0	58			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	78.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		74	77.1	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	77.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		73	76.0	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	75.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		4	4.2	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	39.6	38.0	37.7
Completely bedfast residents.		2	2.1	2.8	3.4
Residents confined to chairs.		66	68.8	53.3	50.8
Residents requiring restraints.		60	62.5	44.5	41.3
Confused or disoriented residents.		54	56.3	62.0	58.4
Residents with bed sores.		10	10.4	10.0	7.1
Residents receiving special skin care.		48	50.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CHATEAU GARDENS

<b>Street Address:</b>		<b>City and State:</b>	
627 BEGOLE ST		FLINT MI 48513	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	222	PROPRIETARY	12/11/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
219	11	186

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	179	81.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	190	86.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	165	75.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	73.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	148	67.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	1.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	91	41.6	38.0	37.7
<b>Completely bedfast residents.</b>	36	16.4	2.8	3.4
<b>Residents confined to chairs.</b>	129	58.9	53.3	50.8
<b>Residents requiring restraints.</b>	94	42.9	44.5	41.3
<b>Confused or disoriented residents.</b>	154	70.3	62.0	58.4
<b>Residents with bed sores.</b>	32	14.6	10.0	7.1
<b>Residents receiving special skin care.</b>	101	46.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLARA BARTON TERRACE

<b>Street Address:</b> 1801 E ATHERTON RD		<b>City and State:</b> FLINT MI 48507	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 149	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 143	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 123
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	81.1	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	78.3	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	67.8	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	71.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	56.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	47	32.9	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	29.4	27.7	29.3
<b>Completely bedfast residents.</b>	11	7.7	1.3	3.6
<b>Residents confined to chairs.</b>	78	54.5	39.5	39.1
<b>Residents requiring restraints.</b>	51	35.7	38.0	31.7
<b>Confused or disoriented residents.</b>	68	47.6	63.0	55.8
<b>Residents with bed sores.</b>	15	10.5	6.5	4.7
<b>Residents receiving special skin care.</b>	20	14.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE MANOR CONV CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
G 3201 BEECHER ROAD		FLINT MI 48504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
173	4	95

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	135	78.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	84.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	69.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	71.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	113	65.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	10	5.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	87	50.3	38.0	37.7
<b>Completely bedfast residents.</b>	13	7.5	2.8	3.4
<b>Residents confined to chairs.</b>	78	45.1	53.3	50.8
<b>Residents requiring restraints.</b>	74	42.8	44.5	41.3
<b>Confused or disoriented residents.</b>	94	54.3	62.0	58.4
<b>Residents with bed sores.</b>	16	9.2	10.0	7.1
<b>Residents receiving special skin care.</b>	11	6.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KITH HAVEN

<b>Street Address:</b>		<b>City and State:</b>	
G 1069 BALLENGER HWY		FLINT MI 48504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	167	PROPRIETARY	06/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
161		13		47	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		141	87.6	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		147	91.3	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		155	96.3	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		149	92.5	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		115	71.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		69	42.9	38.0	37.7
<b>Completely bedfast residents.</b>		11	6.8	2.8	3.4
<b>Residents confined to chairs.</b>		119	73.9	53.3	50.8
<b>Residents requiring restraints.</b>		97	60.2	44.5	41.3
<b>Confused or disoriented residents.</b>		89	55.3	62.0	58.4
<b>Residents with bed sores.</b>		24	14.9	10.0	7.1
<b>Residents receiving special skin care.</b>		23	14.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WILLOWBROOK MANOR

<b>Street Address:</b> G 4436 BEECHER RD		<b>City and State:</b> FLINT MI 48504	
<b>Participation:</b> MEDICAID SNF	<b># of Beds:</b> 101	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 66
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	64	97.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	97.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	97.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	97.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	84.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	6.1	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	78.8	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	59	89.4	53.3	50.8
<b>Residents requiring restraints.</b>	0	0.0	44.5	41.3
<b>Confused or disoriented residents.</b>	64	97.0	62.0	58.4
<b>Residents with bed sores.</b>	2	3.0	10.0	7.1
<b>Residents receiving special skin care.</b>	15	22.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FOSTRIAN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
540 SUNNYSIDE DRIVE		FLUSHING MI 48433	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
97	2	32		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	91.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	96.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	91	93.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	93.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	85.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	83	85.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	58	59.8	53.3	50.8
<b>Residents requiring restraints.</b>	66	68.0	44.5	41.3
<b>Confused or disoriented residents.</b>	80	82.5	62.0	58.4
<b>Residents with bed sores.</b>	5	5.2	10.0	7.1
<b>Residents receiving special skin care.</b>	30	30.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRANKENMUTH CONV CTR

<b>Street Address:</b> 500 W GENESEE		<b>City and State:</b> FRANKENMUTH MI 48734	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 121	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 70	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	49.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	82.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	76.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	66.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	50.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	27.3	38.0	37.7
<b>Completely bedfast residents.</b>	7	5.8	2.8	3.4
<b>Residents confined to chairs.</b>	51	42.1	53.3	50.8
<b>Residents requiring restraints.</b>	70	57.9	44.5	41.3
<b>Confused or disoriented residents.</b>	62	51.2	62.0	58.4
<b>Residents with bed sores.</b>	4	3.3	10.0	7.1
<b>Residents receiving special skin care.</b>	16	13.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LUTHERAN HOME

<b>Street Address:</b>  725 W GENESEE		<b>City and State:</b>  FRANKENMUTH MI 48734	
<b>Participation:</b>  MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b>  112	<b>Type of Ownership:</b>  NON-PROFIT RELIGIOUS	<b>Survey Date:</b>  10/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  112	<b>Medicare Residents:</b>  1	<b>Medicaid Residents:</b>  48
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	96.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	83.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	98	87.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	81.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	73.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	42.0	38.0	37.7
<b>Completely bedfast residents.</b>	4	3.6	2.8	3.4
<b>Residents confined to chairs.</b>	30	26.8	53.3	50.8
<b>Residents requiring restraints.</b>	52	46.4	44.5	41.3
<b>Confused or disoriented residents.</b>	79	70.5	62.0	58.4
<b>Residents with bed sores.</b>	2	1.8	10.0	7.1
<b>Residents receiving special skin care.</b>	24	21.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BENZIE CO MED CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
210 MAPLE STREET		FRANKFORT MI 49635	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	62	LOCAL GOVERNMENT	11/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
62	0	52	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	82.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	77.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	77.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	83.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	71.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	59.7	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.6	2.8	3.4
<b>Residents confined to chairs.</b>	36	58.1	53.3	50.8
<b>Residents requiring restraints.</b>	41	66.1	44.5	41.3
<b>Confused or disoriented residents.</b>	37	59.7	62.0	58.4
<b>Residents with bed sores.</b>	2	3.2	10.0	7.1
<b>Residents receiving special skin care.</b>	9	14.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## PAUL OLIVER MEMORIAL HOSPITAL LTCU

<b>Street Address:</b>		<b>City and State:</b>	
224 PARK AVENUE		FRANKFORT MI 49635	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	18	NON-PROFIT OTHER	11/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
17	0	12	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	94.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	11	64.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	12	70.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	58.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	17.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	9	52.9	53.3	50.8
<b>Residents requiring restraints.</b>	2	11.8	44.5	41.3
<b>Confused or disoriented residents.</b>	8	47.1	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	2	11.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE FRASER VILLA

<b>Street Address:</b> 33399 UTICA RD		<b>City and State:</b> FRASER MI 48026	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 141	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/12/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 136	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 80
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b> Residents requiring some or total assistance in bathing.	101	74.3	80.9	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	123	90.4	85.2	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	104	76.5	76.7	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	78.7	77.7	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	75	55.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	59	43.4	38.0	37.7
Completely bedfast residents.	0	0.0	2.8	3.4
Residents confined to chairs.	47	34.6	53.3	50.8
Residents requiring restraints.	45	33.1	44.5	41.3
Confused or disoriented residents.	112	82.4	62.0	58.4
Residents with bed sores.	9	6.6	10.0	7.1
Residents receiving special skin care.	38	27.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MEADOWS NUS CTR

<b>Street Address:</b> 4554 W 48TH ST		<b>City and State:</b> FREMONT MI 49412	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 129	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 127		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 97	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		110	86.6	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		101	79.5	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		103	81.1	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		107	84.3	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		87	68.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		45	35.4	38.0	37.7
<b>Completely bedfast residents.</b>		5	3.9	2.8	3.4
<b>Residents confined to chairs.</b>		62	48.8	53.3	50.8
<b>Residents requiring restraints.</b>		33	26.0	44.5	41.3
<b>Confused or disoriented residents.</b>		62	48.8	62.0	58.4
<b>Residents with bed sores.</b>		5	3.9	10.0	7.1
<b>Residents receiving special skin care.</b>		38	29.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## NEWAYGO CO MEDICAL CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
4465 W 48TH ST R 1		FREMONT MI 49412	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	116	LOCAL GOVERNMENT	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
114	3	91

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

109 95.6 80.9 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

109 95.6 85.2 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

88 77.2 76.7 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

84 73.7 77.7 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

60 52.6 69.9 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 3.5 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

39 34.2 38.0 37.7

#### Completely bedfast residents.

0 0.0 2.8 3.4

#### Residents confined to chairs.

36 31.6 53.3 50.8

#### Residents requiring restraints.

52 45.6 44.5 41.3

#### Confused or disoriented residents.

65 57.0 62.0 58.4

#### Residents with bed sores.

5 4.4 10.0 7.1

#### Residents receiving special skin care.

100 87.7 32.7 31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ARBORIDGE CARE CENTER

<b>Street Address:</b> 1080 N 35TH ST		<b>City and State:</b> GALESBURG MI 49053	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 93	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 84	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 66	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	83.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	83.3	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	65.5	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	66.7	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	44.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	25.0	27.7	29.3
<b>Completely bedfast residents.</b>	2	2.4	1.3	3.6
<b>Residents confined to chairs.</b>	31	36.9	39.5	39.1
<b>Residents requiring restraints.</b>	32	38.1	38.0	31.7
<b>Confused or disoriented residents.</b>	41	48.8	63.0	55.8
<b>Residents with bed sores.</b>	1	1.2	6.5	4.7
<b>Residents receiving special skin care.</b>	6	7.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE OTSEGO MEMORIAL HOSPITAL LTCU

<b>Street Address:</b>		<b>City and State:</b>	
825 N CENTER STREET		GAYLORD MI 49735	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	34	NON-PROFIT OTHER	12/18/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
34	6	21

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	31	91.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	33	97.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	85.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	26.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	76.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	5.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	35.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	17	50.0	53.3	50.8
<b>Residents requiring restraints.</b>	23	67.6	44.5	41.3
<b>Confused or disoriented residents.</b>	15	44.1	62.0	58.4
<b>Residents with bed sores.</b>	2	5.9	10.0	7.1
<b>Residents receiving special skin care.</b>	11	32.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE GAYLORD

<b>Street Address:</b> 508 RANDOM LANE		<b>City and State:</b> GAYLORD MI 49735	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 107	<b>Medicare Residents:</b> 7	<b>Medicaid Residents:</b> 84	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	78.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	82.2	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	68.2	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	67.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	68.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	44.9	38.0	37.7
<b>Completely bedfast residents.</b>	10	9.3	2.8	3.4
<b>Residents confined to chairs.</b>	57	53.3	53.3	50.8
<b>Residents requiring restraints.</b>	39	36.4	44.5	41.3
<b>Confused or disoriented residents.</b>	63	58.9	62.0	58.4
<b>Residents with bed sores.</b>	16	15.0	10.0	7.1
<b>Residents receiving special skin care.</b>	37	34.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GLADWIN NURS HOME

<b>Street Address:</b>		<b>City and State:</b>	
3270 PRATT LAKE ROAD		GLADWIN MI 48624	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	01/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
53	0	39

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	75.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	88.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	75.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	84.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	71.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	39.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	17	32.1	53.3	50.8
<b>Residents requiring restraints.</b>	14	26.4	44.5	41.3
<b>Confused or disoriented residents.</b>	26	49.1	62.0	58.4
<b>Residents with bed sores.</b>	2	3.8	10.0	7.1
<b>Residents receiving special skin care.</b>	0	0.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST CLAIR COUNTY MD CTR

<b>Street Address:</b> 8332 CO PARK DR		<b>City and State:</b> GOODELLS MI 48027	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 75	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 05/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 68	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 51		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	95.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	97.1	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	86.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	100	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	79.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	35.3	38.0	37.7
<b>Completely bedfast residents.</b>	3	4.4	2.8	3.4
<b>Residents confined to chairs.</b>	50	73.5	53.3	50.8
<b>Residents requiring restraints.</b>	35	51.5	44.5	41.3
<b>Confused or disoriented residents.</b>	45	66.2	62.0	58.4
<b>Residents with bed sores.</b>	3	4.4	10.0	7.1
<b>Residents receiving special skin care.</b>	12	17.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRAND BLANC CONVALESCENT CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8481 HOLLY RD		GRAND BLANC MI 48439	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	140	NON-PROFIT OTHER	07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
92	1	43

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	84.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	81.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	71.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	63.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	64.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	9	9.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	37.0	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	20	21.7	53.3	50.8
<b>Residents requiring restraints.</b>	58	63.0	44.5	41.3
<b>Confused or disoriented residents.</b>	52	56.5	62.0	58.4
<b>Residents with bed sores.</b>	5	5.4	10.0	7.1
<b>Residents receiving special skin care.</b>	57	62.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERBEND NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
11951 BELSAY RD		GRAND BLANC MI 48439	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	157	PROPRIETARY	06/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
148	11	68	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	56.1	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	141	95.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	130	87.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	89.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	119	80.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	62	41.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	71	48.0	38.0	37.7
<b>Completely bedfast residents.</b>	20	13.5	2.8	3.4
<b>Residents confined to chairs.</b>	109	73.6	53.3	50.8
<b>Residents requiring restraints.</b>	83	56.1	44.5	41.3
<b>Confused or disoriented residents.</b>	73	49.3	62.0	58.4
<b>Residents with bed sores.</b>	25	16.9	10.0	7.1
<b>Residents receiving special skin care.</b>	72	48.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE NORTH OTTAWA CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1615 S DESPELDER		GRAND HAVEN MI 49417	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	04/26/88

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
61	5	39			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		47	77.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		53	86.9	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		43	70.5	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		43	70.5	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		35	57.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		19	31.1	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		11	18.0	38.0	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>		23	37.7	53.3	50.8
<b>Residents requiring restraints.</b>		23	37.7	44.5	41.3
<b>Confused or disoriented residents.</b>		30	49.2	62.0	58.4
<b>Residents with bed sores.</b>		3	4.9	10.0	7.1
<b>Residents receiving special skin care.</b>		4	6.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE RIVERSIDE NH

<b>Street Address:</b> 415 FRIANT ST		<b>City and State:</b> GRAND HAVEN MI 49417	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 34	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 32	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 28	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	32	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	96.9	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	84.4	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	90.6	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	46.9	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	8	25.0	39.5	39.1
<b>Residents requiring restraints.</b>	12	37.5	38.0	31.7
<b>Confused or disoriented residents.</b>	17	53.1	63.0	55.8
<b>Residents with bed sores.</b>	4	12.5	6.5	4.7
<b>Residents receiving special skin care.</b>	9	28.1	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SHORE HAVEN NSG HOME

<b>Street Address:</b>		<b>City and State:</b>	
900 S BEACON BLVD		GRAND HAVEN MI 49417	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	04/23/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
113	3	97			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	76.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		102	90.3	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		95	84.1	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	100	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		78	69.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	2.7	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	31.0	38.0	37.7
Completely bedfast residents.		1	0.9	2.8	3.4
Residents confined to chairs.		58	51.3	53.3	50.8
Residents requiring restraints.		42	37.2	44.5	41.3
Confused or disoriented residents.		29	25.7	62.0	58.4
Residents with bed sores.		3	2.7	10.0	7.1
Residents receiving special skin care.		14	12.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ALPINE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1050 FOUR MILE NW		GRAND RAPIDS MI 49504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	207	PROPRIETARY	07/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
190	1	116

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	164	86.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	150	78.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	118	62.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	59.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	114	60.0	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	22.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	103	54.2	53.3	50.8
<b>Residents requiring restraints.</b>	105	55.3	44.5	41.3
<b>Confused or disoriented residents.</b>	134	70.5	62.0	58.4
<b>Residents with bed sores.</b>	7	3.7	10.0	7.1
<b>Residents receiving special skin care.</b>	56	29.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CASCADE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1095 MEDICAL PARK DRIVE		GRAND RAPIDS MI 49506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	08/26/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
120	6	78		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE
		#	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		88	73.3	80.9
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		97	80.8	85.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		86	71.7	76.7
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	68.3	77.7
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		89	74.2	69.9
Residents on individually written bowel and bladder retraining program.		1	0.8	3.5
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		50	41.7	38.0
<b>Completely bedfast residents.</b>		3	2.5	2.8
<b>Residents confined to chairs.</b>		70	58.3	53.3
<b>Residents requiring restraints.</b>		56	46.7	44.5
<b>Confused or disoriented residents.</b>		77	64.2	62.0
<b>Residents with bed sores.</b>		22	18.3	10.0
<b>Residents receiving special skin care.</b>		22	18.3	32.7

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## CHRISTIAN NURSING + REHAB CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2589 44TH ST SE		GRAND RAPIDS MI 49507	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	73	PROPRIETARY	07/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
38	0	35

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	86.8	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	78.9	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	32	84.2	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	71.1	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	76.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	47.4	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	10	26.3	39.5	39.1
<b>Residents requiring restraints.</b>	22	57.9	38.0	31.7
<b>Confused or disoriented residents.</b>	16	42.1	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	1	2.6	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CHRISTIAN REST HOME ASSOC

<b>Street Address:</b>		<b>City and State:</b>	
1000 EDISON AVE W		GRAND RAPIDS MI 49504	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	153	NON-PROFIT RELIGIOUS	05/15/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
149	0	78

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	132	88.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	131	87.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	116	77.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	100	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	123	82.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	63	42.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	76	51.0	53.3	50.8
<b>Residents requiring restraints.</b>	74	49.7	44.5	41.3
<b>Confused or disoriented residents.</b>	94	63.1	62.0	58.4
<b>Residents with bed sores.</b>	7	4.7	10.0	7.1
<b>Residents receiving special skin care.</b>	20	13.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRAND VALLEY NURSING CENTRE

<b>Street Address:</b>		<b>City and State:</b>	
4118 KALAMAZOO AVE S E		GRAND RAPIDS MI 49508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	165	NON-PROFIT OTHER	06/06/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
160	8	56			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	144	90.0	80.9	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	146	91.2	85.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	142	88.7	76.7	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	87.5	77.7	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	116	72.5	69.9	68.2	
Residents on individually written bowel and bladder retraining program.	2	1.2	3.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	72	45.0	38.0	37.7	
Completely bedfast residents.	1	0.6	2.8	3.4	
Residents confined to chairs.	75	46.9	53.3	50.8	
Residents requiring restraints.	103	64.4	44.5	41.3	
Confused or disoriented residents.	108	67.5	62.0	58.4	
Residents with bed sores.	14	8.7	10.0	7.1	
Residents receiving special skin care.	159	99.4	32.7	31.2	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREENVIEW MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1708 LEONARD ST N E		GRAND RAPIDS MI 49505	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	69	PROPRIETARY	07/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
67		0		39	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		63	94.0	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		65	97.0	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		54	80.6	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	79.1	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		50	74.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		6	9.0	38.0	37.7
<b>Completely bedfast residents.</b>		1	1.5	2.8	3.4
<b>Residents confined to chairs.</b>		24	35.8	53.3	50.8
<b>Residents requiring restraints.</b>		35	52.2	44.5	41.3
<b>Confused or disoriented residents.</b>		26	38.8	62.0	58.4
<b>Residents with bed sores.</b>		8	11.9	10.0	7.1
<b>Residents receiving special skin care.</b>		18	26.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOLLAND HOME - RAY BROOK MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2121 RAYBROOK SE		GRAND RAPIDS MI 49506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	101	NON-PROFIT OTHER	05/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	46

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	78.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	88	88.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	78.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	83.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	28.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	33	33.3	53.3	50.8
<b>Residents requiring restraints.</b>	41	41.4	44.5	41.3
<b>Confused or disoriented residents.</b>	57	57.6	62.0	58.4
<b>Residents with bed sores.</b>	2	2.0	10.0	7.1
<b>Residents receiving special skin care.</b>	11	11.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOLLAND HOME FULTON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1450 E FULTON STREET		GRAND RAPIDS MI 49503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	79	NON-PROFIT OTHER	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
79	3	45

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	78	98.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	96.2	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	81.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	87.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	83.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	44.3	38.0	37.7
<b>Completely bedfast residents.</b>	2	2.5	2.8	3.4
<b>Residents confined to chairs.</b>	50	63.3	53.3	50.8
<b>Residents requiring restraints.</b>	43	54.4	44.5	41.3
<b>Confused or disoriented residents.</b>	58	73.4	62.0	58.4
<b>Residents with bed sores.</b>	5	6.3	10.0	7.1
<b>Residents receiving special skin care.</b>	15	19.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE KENT COMMUNITY HOSPITAL SNF

<b>Street Address:</b>		<b>City and State:</b>	
750 FULLER AVENUE		GRAND RAPIDS MI 49503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	338	LOCAL GOVERNMENT	08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
333	105	214		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	254	76.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	305	91.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	311	93.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	296	88.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	235	70.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	7	2.1	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	149	44.7	38.0	37.7
<b>Completely bedfast residents.</b>	33	9.9	2.8	3.4
<b>Residents confined to chairs.</b>	225	67.6	53.3	50.8
<b>Residents requiring restraints.</b>	109	32.7	44.5	41.3
<b>Confused or disoriented residents.</b>	153	45.9	62.0	58.4
<b>Residents with bed sores.</b>	53	15.9	10.0	7.1
<b>Residents receiving special skin care.</b>	161	48.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LAFAYETTE CHRISTIAN NSG CTR

<b>Street Address:</b>		<b>City and State:</b>	
1001 LAFAYETTE SE		GRAND RAPIDS MI 49507	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	59	PROPRIETARY	08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
59	0	57	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	61.0	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	86.4	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	81.4	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	84.7	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.	31	52.5	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	26	44.1	39.5	39.1
<b>Residents requiring restraints.</b>	51	86.4	38.0	31.7
<b>Confused or disoriented residents.</b>	37	62.7	63.0	55.8
<b>Residents with bed sores.</b>	1	1.7	6.5	4.7
<b>Residents receiving special skin care.</b>	59	100	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LUTHER HOME

<b>Street Address:</b>		<b>City and State:</b>	
1950 32ND STREET S E		GRAND RAPIDS MI 49508	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	125	NON-PROFIT RELIGIOUS	08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
125	5	82

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	76.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	82.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	80.8	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	68.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	63.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	30	24.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	37.6	38.0	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.8	3.4
<b>Residents confined to chairs.</b>	46	36.8	53.3	50.8
<b>Residents requiring restraints.</b>	49	39.2	44.5	41.3
<b>Confused or disoriented residents.</b>	33	26.4	62.0	58.4
<b>Residents with bed sores.</b>	6	4.8	10.0	7.1
<b>Residents receiving special skin care.</b>	8	6.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE M J CLARK MEMORIAL HOME

<b>Street Address:</b> 1546 SHERMAN ST S E		<b>City and State:</b> GRAND RAPIDS MI 49506	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 111	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 07/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 37
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	96	93.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	90.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	68.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	90.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	59.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	29.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	34	33.0	53.3	50.8
<b>Residents requiring restraints.</b>	32	31.1	44.5	41.3
<b>Confused or disoriented residents.</b>	29	28.2	62.0	58.4
<b>Residents with bed sores.</b>	6	5.8	10.0	7.1
<b>Residents receiving special skin care.</b>	28	27.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MICHIGAN CHRISTIAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
1845 BOSTON BLVD S E		GRAND RAPIDS MI 49506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	29	NON-PROFIT OTHER	05/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
29	0	16		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	24	82.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	20	69.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	55.2	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	55.2	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	65.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	10	34.5	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	27.6	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	14	48.3	53.3	50.8
<b>Residents requiring restraints.</b>	9	31.0	44.5	41.3
<b>Confused or disoriented residents.</b>	13	44.8	62.0	58.4
<b>Residents with bed sores.</b>	2	6.9	10.0	7.1
<b>Residents receiving special skin care.</b>	4	13.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE OLDS MANOR**

<b>Street Address:</b>		<b>City and State:</b>	
201 MICHIGAN NW		GRAND RAPIDS MI 49502	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	44	NON-PROFIT OTHER	08/24/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
44	0	29

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	95.5	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	88.6	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	93.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	88.6	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	43.2	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	32	72.7	39.5	39.1
<b>Residents requiring restraints.</b>	18	40.9	38.0	31.7
<b>Confused or disoriented residents.</b>	39	88.6	63.0	55.8
<b>Residents with bed sores.</b>	1	2.3	6.5	4.7
<b>Residents receiving special skin care.</b>	10	22.7	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PILGRIM MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2000 LEONARD N E		GRAND RAPIDS MI 49505	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	42	NON-PROFIT RELIGIOUS	06/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
42		0		16	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		33	78.6	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		37	88.1	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		29	69.0	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	100	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		40	95.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		10	23.8	38.0	37.7
<b>Completely bedfast residents.</b>		0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>		19	45.2	53.3	50.8
<b>Residents requiring restraints.</b>		11	26.2	44.5	41.3
<b>Confused or disoriented residents.</b>		37	88.1	62.0	58.4
<b>Residents with bed sores.</b>		1	2.4	10.0	7.1
<b>Residents receiving special skin care.</b>		7	16.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PORTER HILLS PRESBYTERIAN VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
3600 FULTON EAST		GRAND RAPIDS MI 49506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	81	NON-PROFIT RELIGIOUS	09/17/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	0	10			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	79.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		55	82.1	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	71.6	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	62.7	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		51	76.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		1	1.5	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	20.9	38.0	37.7
Completely bedfast residents.		1	1.5	2.8	3.4
Residents confined to chairs.		30	44.8	53.3	50.8
Residents requiring restraints.		31	46.3	44.5	41.3
Confused or disoriented residents.		44	65.7	62.0	58.4
Residents with bed sores.		0	0.0	10.0	7.1
Residents receiving special skin care.		7	10.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE SPRINGBROOK MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2320 EAST BELTLINE SE		GRAND RAPIDS MI 49506	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	205	PROPRIETARY	05/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
205	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	181	88.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	180	87.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	151	73.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	75.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	136	66.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	33	16.1	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	29.3	38.0	37.7
<b>Completely bedfast residents.</b>	5	2.4	2.8	3.4
<b>Residents confined to chairs.</b>	138	67.3	53.3	50.8
<b>Residents requiring restraints.</b>	108	52.7	44.5	41.3
<b>Confused or disoriented residents.</b>	118	57.6	62.0	58.4
<b>Residents with bed sores.</b>	22	10.7	10.0	7.1
<b>Residents receiving special skin care.</b>	43	21.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST ANN'S HOME

<b>Street Address:</b>		<b>City and State:</b>	
2161 LEONARD NW		GRAND RAPIDS MI 49503	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	37	NON-PROFIT RELIGIOUS	09/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
37	0	17	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	97.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	94.6	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	62.2	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	89.2	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	43.2	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	24.3	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	22	59.5	39.5	39.1
<b>Residents requiring restraints.</b>	6	16.2	38.0	31.7
<b>Confused or disoriented residents.</b>	24	64.9	63.0	55.8
<b>Residents with bed sores.</b>	2	5.4	6.5	4.7
<b>Residents receiving special skin care.</b>	6	16.2	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE VILLA ELIZABETH

<b>Street Address:</b>		<b>City and State:</b>	
2100 LEONARD ST N E		GRAND RAPIDS MI 49505	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	136	NON-PROFIT RELIGIOUS	05/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
133	0	61	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	88.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	120	90.2	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	76.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	77.4	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	119	89.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	62	46.6	38.0	37.7
<b>Completely bedfast residents.</b>	1	0.8	2.8	3.4
<b>Residents confined to chairs.</b>	102	76.7	53.3	50.8
<b>Residents requiring restraints.</b>	82	61.7	44.5	41.3
<b>Confused or disoriented residents.</b>	98	73.7	62.0	58.4
<b>Residents with bed sores.</b>	4	3.0	10.0	7.1
<b>Residents receiving special skin care.</b>	110	82.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BROOKCREST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
3400 WILSON AVE SW		GRANDVILLE MI 49418	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	153	PROPRIETARY	05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
149		3		96	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		135	90.6	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		137	91.9	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		123	82.6	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		148	99.3	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		130	87.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		61	40.9	38.0	37.7
<b>Completely bedfast residents.</b>		6	4.0	2.8	3.4
<b>Residents confined to chairs.</b>		61	40.9	53.3	50.8
<b>Residents requiring restraints.</b>		73	49.0	44.5	41.3
<b>Confused or disoriented residents.</b>		117	78.5	62.0	58.4
<b>Residents with bed sores.</b>		3	2.0	10.0	7.1
<b>Residents receiving special skin care.</b>		19	12.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CEDAR KNOLL REST HOME

<b>Street Address:</b>		<b>City and State:</b>	
9230 CEDAR KNOLL DRIVE		GRASS LAKE MI 49240	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	169	PROPRIETARY	07/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
164	1	137		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

#### Bathing

Residents requiring some or total assistance in bathing.

164 100 80.9 81.5

#### Dressing

Residents requiring some or total assistance in dressing.

146 89.0 85.2 83.2

#### Toileting

Residents requiring some or total assistance in toileting.

126 76.8 76.7 73.8

#### Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

125 76.2 77.7 77.2

#### Continence

Residents with catheters or partial or total loss of bowel or bladder control.

131 79.9 69.9 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 3.5 4.6

#### Eating

Residents receiving tube feedings or requiring assistance with eating.

70 42.7 38.0 37.7

#### Completely bedfast residents.

0 0.0 2.8 3.4

#### Residents confined to chairs.

73 44.5 53.3 50.8

#### Residents requiring restraints.

4 2.4 44.5 41.3

#### Confused or disoriented residents.

130 79.3 62.0 58.4

#### Residents with bed sores.

19 11.6 10.0 7.1

#### Residents receiving special skin care.

123 75.0 32.7 31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GRAYLING HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2301 SOUTH GRAYLING RD		GRAYLING MI 49738	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
92	1	76

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	83.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	82.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	64	69.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	69.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	58.7	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	33.7	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	55	59.8	53.3	50.8
<b>Residents requiring restraints.</b>	28	30.4	44.5	41.3
<b>Confused or disoriented residents.</b>	65	70.7	62.0	58.4
<b>Residents with bed sores.</b>	4	4.3	10.0	7.1
<b>Residents receiving special skin care.</b>	41	44.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MERCY HOSPITAL

<b>Street Address:</b> 1100 MICHIGAN AVE		<b>City and State:</b> GRAYLING MI 49738	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/23/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
34	3	27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		32	94.1	80.9	81.5
Dressing					
Residents requiring some or total assistance in dressing.		34	100	85.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		34	100	76.7	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	100	77.7	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		28	82.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		25	73.5	38.0	37.7
Completely bedfast residents.		0	0.0	2.8	3.4
Residents confined to chairs.		32	94.1	53.3	50.8
Residents requiring restraints.		0	0.0	44.5	41.3
Confused or disoriented residents.		17	50.0	62.0	58.4
Residents with bed sores.		4	11.8	10.0	7.1
Residents receiving special skin care.		34	100	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## CHRISTENSENS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
828 EAST WASHINGTON STREET		GREENVILLE MI 48838	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	09/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
105	0	79

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	61.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	85.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	74	70.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	67.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	67.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	36.2	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>	53	50.5	53.3	50.8
<b>Residents requiring restraints.</b>	50	47.6	44.5	41.3
<b>Confused or disoriented residents.</b>	69	65.7	62.0	58.4
<b>Residents with bed sores.</b>	0	0.0	10.0	7.1
<b>Residents receiving special skin care.</b>	24	22.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE UNITED MEM HOSP-ECF

<b>Street Address:</b> 615 S BOWER ST		<b>City and State:</b> GREENVILLE MI 48838	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 09/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 35	<b>Medicare Residents:</b> 9	<b>Medicaid Residents:</b> 17
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	26	74.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	31	88.6	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	88.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	88.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	42.9	38.0	37.7
<b>Completely bedfast residents.</b>	3	8.6	2.8	3.4
<b>Residents confined to chairs.</b>	15	42.9	53.3	50.8
<b>Residents requiring restraints.</b>	5	14.3	44.5	41.3
<b>Confused or disoriented residents.</b>	14	40.0	62.0	58.4
<b>Residents with bed sores.</b>	1	2.9	10.0	7.1
<b>Residents receiving special skin care.</b>	4	11.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE GEORGIAN EAST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
21401 MACK AVENUE		GROSSE POINTE MI 48236	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	80	NON-PROFIT OTHER	03/05/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
75	3	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	82.7	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	70	93.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	80.0	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	86.7	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	69.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	66.7	38.0	37.7
<b>Completely bedfast residents.</b>	10	13.3	2.8	3.4
<b>Residents confined to chairs.</b>	20	26.7	53.3	50.8
<b>Residents requiring restraints.</b>	15	20.0	44.5	41.3
<b>Confused or disoriented residents.</b>	22	29.3	62.0	58.4
<b>Residents with bed sores.</b>	4	5.3	10.0	7.1
<b>Residents receiving special skin care.</b>	0	0.0	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ST JOSEPH NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
9400 CONANT		HAMTRAMCK MI 48212	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	170	PROPRIETARY	12/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
151		1		132	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		121	80.1	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		123	81.5	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		108	71.5	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	75.5	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		113	74.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.		2	1.3	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		79	52.3	38.0	37.7
<b>Completely bedfast residents.</b>		9	6.0	2.8	3.4
<b>Residents confined to chairs.</b>		51	33.8	53.3	50.8
<b>Residents requiring restraints.</b>		77	51.0	44.5	41.3
<b>Confused or disoriented residents.</b>		94	62.3	62.0	58.4
<b>Residents with bed sores.</b>		19	12.6	10.0	7.1
<b>Residents receiving special skin care.</b>		23	15.2	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE CYPRESS MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1400 POPLAR STREET		HANCOCK MI 49930	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	63	PROPRIETARY	04/20/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
63	0	36

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	76.2	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	65.1	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	71.4	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	58.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	20.6	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	10	15.9	39.5	39.1
<b>Residents requiring restraints.</b>	21	33.3	38.0	31.7
<b>Confused or disoriented residents.</b>	31	49.2	63.0	55.8
<b>Residents with bed sores.</b>	1	1.6	6.5	4.7
<b>Residents receiving special skin care.</b>	10	15.9	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOUGHTON CO MED CARE FACILITY

<b>Street Address:</b> 1100 QUINCY ST		<b>City and State:</b> HANCOCK MI 49930	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 197	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 197	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 165	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	190	96.4	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	193	98.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	182	92.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	192	97.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	154	78.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	42.6	38.0	37.7
<b>Completely bedfast residents.</b>	9	4.6	2.8	3.4
<b>Residents confined to chairs.</b>	171	86.8	53.3	50.8
<b>Residents requiring restraints.</b>	150	76.1	44.5	41.3
<b>Confused or disoriented residents.</b>	142	72.1	62.0	58.4
<b>Residents with bed sores.</b>	12	6.1	10.0	7.1
<b>Residents receiving special skin care.</b>	9	4.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE PORTAGE VIEW HOSPITAL**

<b>Street Address:</b>		<b>City and State:</b>	
200-210 MICHIGAN STREET		HANCOCK MI 49930	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	30	NON-PROFIT PRIVATE	04/14/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
30	0	29			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		23	76.7	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		26	86.7	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		22	73.3	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		22	73.3	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		19	63.3	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		8	26.7	27.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>		3	10.0	39.5	39.1
<b>Residents requiring restraints.</b>		15	50.0	38.0	31.7
<b>Confused or disoriented residents.</b>		14	46.7	63.0	55.8
<b>Residents with bed sores.</b>		1	3.3	6.5	4.7
<b>Residents receiving special skin care.</b>		5	16.7	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HARBOR BEACH COMMUNITY HOSPITAL

<b>Street Address:</b> 210 S 1ST ST		<b>City and State:</b> HARBOR BEACH MI 48441	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 29	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	92.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	35	87.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	67.5	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	57.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	52.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	37.5	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	14	35.0	53.3	50.8
<b>Residents requiring restraints.</b>	15	37.5	44.5	41.3
<b>Confused or disoriented residents.</b>	16	40.0	62.0	58.4
<b>Residents with bed sores.</b>	5	12.5	10.0	7.1
<b>Residents receiving special skin care.</b>	1	2.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE EMMET CO MED CARE FAC

<b>Street Address:</b> 750 EAST MAIN		<b>City and State:</b> HARBOR SPRINGS MI 49740	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 110	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 07/31/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
110	91	19			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		91	82.7	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		100	90.9	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		91	82.7	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		97	88.2	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		76	69.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.		3	2.7	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		60	54.5	38.0	37.7
Completely bedfast residents.		3	2.7	2.8	3.4
Residents confined to chairs.		60	54.5	53.3	50.8
Residents requiring restraints.		86	78.2	44.5	41.3
Confused or disoriented residents.		67	60.9	62.0	58.4
Residents with bed sores.		6	5.5	10.0	7.1
Residents receiving special skin care.		15	13.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## JAMIESONS NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
790 S US HWY 23		HARRISVILLE MI 48740	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	51	PROPRIETARY	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
51	0	45	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	30	58.8	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	84.3	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	78.4	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	84.3	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	78.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	27.7	29.3
<b>Completely bedfast residents.</b>	4	7.8	1.3	3.6
<b>Residents confined to chairs.</b>	34	66.7	39.5	39.1
<b>Residents requiring restraints.</b>	27	52.9	38.0	31.7
<b>Confused or disoriented residents.</b>	20	39.2	63.0	55.8
<b>Residents with bed sores.</b>	1	2.0	6.5	4.7
<b>Residents receiving special skin care.</b>	5	9.8	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OCEANA CO MD CARE FACILITY

<b>Street Address:</b>		<b>City and State:</b>	
701 E MAIN ST		HART MI 49420	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	113	LOCAL GOVERNMENT	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
113	4	89

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	93.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	93.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	89.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	85.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	93	82.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	29.2	38.0	37.7
<b>Completely bedfast residents.</b>	3	2.7	2.8	3.4
<b>Residents confined to chairs.</b>	54	47.8	53.3	50.8
<b>Residents requiring restraints.</b>	77	68.1	44.5	41.3
<b>Confused or disoriented residents.</b>	80	70.8	62.0	58.4
<b>Residents with bed sores.</b>	10	8.8	10.0	7.1
<b>Residents receiving special skin care.</b>	34	30.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PROVINCIAL HOUSE HASTINGS

<b>Street Address:</b>		<b>City and State:</b>	
240 EAST NORTH STREET		HASTINGS MI 49058	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	114	PROPRIETARY	02/05/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
114	1	89			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		96	84.2	80.9	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		100	87.7	85.2	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		93	81.6	76.7	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		103	90.4	77.7	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		93	81.6	69.9	68.2
Residents on individually written bowel and bladder retraining program.		6	5.3	3.5	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		48	42.1	38.0	37.7
<b>Completely bedfast residents.</b>		2	1.8	2.8	3.4
<b>Residents confined to chairs.</b>		60	52.6	53.3	50.8
<b>Residents requiring restraints.</b>		36	31.6	44.5	41.3
<b>Confused or disoriented residents.</b>		38	33.3	62.0	58.4
<b>Residents with bed sores.</b>		15	13.2	10.0	7.1
<b>Residents receiving special skin care.</b>		60	52.6	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE THORNAPPLE MANOR

<b>Street Address:</b>		<b>City and State:</b>	
2700 NASHVILLE RD		HASTINGS MI 49058	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	138	LOCAL GOVERNMENT	02/10/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
137	8	112

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	131	95.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	132	96.4	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	87.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	79.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	70.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	89	65.0	38.0	37.7
<b>Completely bedfast residents.</b>	5	3.6	2.8	3.4
<b>Residents confined to chairs.</b>	104	75.9	53.3	50.8
<b>Residents requiring restraints.</b>	75	54.7	44.5	41.3
<b>Confused or disoriented residents.</b>	88	64.2	62.0	58.4
<b>Residents with bed sores.</b>	7	5.1	10.0	7.1
<b>Residents receiving special skin care.</b>	30	21.9	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

MET	1	0.3	201	2.1
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The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.

MET	10	3.2	518	5.5
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Each resident is free from mental and physical abuse.

MET	2	0.6	168	1.8
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Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.

MET	8	2.6	806	8.5
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Each resident is given privacy during treatment and care of personal needs.

MET	6	1.9	1618	17.1
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Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.

MET	0	0.0	36	0.4
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Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.

MET	0	0.0	205	2.2
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Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.

MET	0	0.0	30	0.3
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The facility ensures that the health care of each resident is under the continuing supervision of a physician.

MET	0	0.0	145	1.5
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Emergency services from a physician are available and provided to each resident who requires emergency care.

MET	0	0.0	49	0.5
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Nursing services are provided at all times to meet the needs of residents.

MET	22	7.1	508	5.4
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Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.

NOT MET	74	23.9	2816	29.8
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Each resident receives care necessary to prevent skin breakdown.

MET	39	12.6	1733	18.3
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Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.

MET	39	12.6	1052	11.1
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Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.

NOT MET	41	13.2	1512	16.0
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Each resident with a urinary catheter receives proper routine care, including periodic evaluation.

MET	39	12.6	1665	17.6
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## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE PARK GERIATRIC VILLAGE

<b>Street Address:</b>		<b>City and State:</b>	
111 FORD AVE		HIGHLAND PARK MI 48203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	134	PROPRIETARY	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
115	0	113	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	105	91.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	91.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	103	89.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	59.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	90	78.3	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	11.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	64	55.7	53.3	50.8
<b>Residents requiring restraints.</b>	54	47.0	44.5	41.3
<b>Confused or disoriented residents.</b>	114	99.1	62.0	58.4
<b>Residents with bed sores.</b>	5	4.3	10.0	7.1
<b>Residents receiving special skin care.</b>	17	14.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE ROYAL NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
91 GLENDALE AVENUE		HIGHLAND PARK MI 48203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	183	PROPRIETARY	08/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
164	3	160

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	75.0	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	135	82.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	110	67.1	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	57.9	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	51.8	69.9	68.2
Residents on individually written bowel and bladder retraining program.	3	1.8	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	12.8	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	50	30.5	53.3	50.8
<b>Residents requiring restraints.</b>	32	19.5	44.5	41.3
<b>Confused or disoriented residents.</b>	114	69.5	62.0	58.4
<b>Residents with bed sores.</b>	6	3.7	10.0	7.1
<b>Residents receiving special skin care.</b>	22	13.4	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE

## ST LUKES EPISCOPAL CHURCH HOME

<b>Street Address:</b>		<b>City and State:</b>	
224 HIGHLAND AVE		HIGHLAND PARK MI 48203	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	22	NON-PROFIT RELIGIOUS	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
20	0	14		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	20	100	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	17	85.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	70.0	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	60.0	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	8	40.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	75.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	11	55.0	39.5	39.1
<b>Residents requiring restraints.</b>	10	50.0	38.0	31.7
<b>Confused or disoriented residents.</b>	11	55.0	63.0	55.8
<b>Residents with bed sores.</b>	0	0.0	6.5	4.7
<b>Residents receiving special skin care.</b>	1	5.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# **NURSING HOME PROFILE PINEVIEW OF HILLMAN**

<b>Street Address:</b>		<b>City and State:</b>	
631 CARING STREET		HILLMAN MI 49746	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	75	PROPRIETARY	11/05/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
73	0	66	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	97.3	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	89.0	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	61	83.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	89.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	90.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	58.9	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.4	2.8	3.4
<b>Residents confined to chairs.</b>	17	23.3	53.3	50.8
<b>Residents requiring restraints.</b>	41	56.2	44.5	41.3
<b>Confused or disoriented residents.</b>	71	97.3	62.0	58.4
<b>Residents with bed sores.</b>	3	4.1	10.0	7.1
<b>Residents receiving special skin care.</b>	3	4.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HILLSDALE CO MEDICAL CARE FACILITY

<b>Street Address:</b> 140 W MECHANIC ST		<b>City and State:</b> HILLSDALE MI 49242	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 160	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 02/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 160	<b>Medicare Residents:</b> 4	<b>Medicaid Residents:</b> 139
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	123	76.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	77.5	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	111	69.4	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	73.1	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	114	71.2	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	31.3	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	63	39.4	53.3	50.8
<b>Residents requiring restraints.</b>	79	49.4	44.5	41.3
<b>Confused or disoriented residents.</b>	102	63.7	62.0	58.4
<b>Residents with bed sores.</b>	2	1.2	10.0	7.1
<b>Residents receiving special skin care.</b>	92	57.5	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE BIRCHWOOD MANOR

<b>Street Address:</b>		<b>City and State:</b>	
493 WEST 32ND STREET		HOLLAND MI 49423	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	111	PROPRIETARY	03/16/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
109	3	67	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	97.2	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	101	92.7	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	85.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	74.3	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	76.1	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	27.5	38.0	37.7
<b>Completely bedfast residents.</b>	3	2.8	2.8	3.4
<b>Residents confined to chairs.</b>	32	29.4	53.3	50.8
<b>Residents requiring restraints.</b>	41	37.6	44.5	41.3
<b>Confused or disoriented residents.</b>	48	44.0	62.0	58.4
<b>Residents with bed sores.</b>	8	7.3	10.0	7.1
<b>Residents receiving special skin care.</b>	11	10.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE MEADOWBROOK CARE CTR

<b>Street Address:</b> 280 W 40TH ST		<b>City and State:</b> HOLLAND MI 49423	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 125	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/14/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 73	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	63.6	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	77	77.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	56.6	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	62.6	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	50	50.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	25.3	38.0	37.7
<b>Completely bedfast residents.</b>	1	1.0	2.8	3.4
<b>Residents confined to chairs.</b>	47	47.5	53.3	50.8
<b>Residents requiring restraints.</b>	37	37.4	44.5	41.3
<b>Confused or disoriented residents.</b>	43	43.4	62.0	58.4
<b>Residents with bed sores.</b>	5	5.1	10.0	7.1
<b>Residents receiving special skin care.</b>	28	28.3	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HOLLY CONVALESCENT CENTER

<b>Street Address:</b> 313 SHERWOOD ST		<b>City and State:</b> HOLLY MI 48442	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 66	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/20/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 56
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	84.8	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	83.3	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	69.7	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	66.7	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	53.0	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	22.7	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	42	63.6	39.5	39.1
<b>Residents requiring restraints.</b>	36	54.5	38.0	31.7
<b>Confused or disoriented residents.</b>	36	54.5	63.0	55.8
<b>Residents with bed sores.</b>	2	3.0	6.5	4.7
<b>Residents receiving special skin care.</b>	15	22.7	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE MARTIN LUTHER-HOLT HOME

<b>Street Address:</b>		<b>City and State:</b>	
5091 WILLOUGHBY		HOLT MI 48842	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	84	NON-PROFIT RELIGIOUS	06/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
81	2	34	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	72	88.9	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	72	88.9	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	82.7	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	81.5	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	86.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	48.1	38.0	37.7
<b>Completely bedfast residents.</b>	0	0.0	2.8	3.4
<b>Residents confined to chairs.</b>	43	53.1	53.3	50.8
<b>Residents requiring restraints.</b>	61	75.3	44.5	41.3
<b>Confused or disoriented residents.</b>	51	63.0	62.0	58.4
<b>Residents with bed sores.</b>	10	12.3	10.0	7.1
<b>Residents receiving special skin care.</b>	43	53.1	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE KING NH

<b>Street Address:</b> 206 TOWER HILL RD		<b>City and State:</b> HOUGHTON LAKE MI 48629	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 49	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/03/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 47		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 32	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		37	78.7	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		38	80.9	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		37	78.7	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	72.3	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		23	48.9	63.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		12	25.5	27.7	29.3
<b>Completely bedfast residents.</b>		0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>		23	48.9	39.5	39.1
<b>Residents requiring restraints.</b>		22	46.8	38.0	31.7
<b>Confused or disoriented residents.</b>		21	44.7	63.0	55.8
<b>Residents with bed sores.</b>		8	17.0	6.5	4.7
<b>Residents receiving special skin care.</b>		11	23.4	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE GREENBRIAR CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
3003 W GRAND RIVER		HOWELL MI 48843	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	189	PROPRIETARY	02/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
135	9	103		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	74.8	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	105	77.8	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	99	73.3	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	74.8	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	67.4	69.9	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	60	44.4	38.0	37.7
<b>Completely bedfast residents.</b>	6	4.4	2.8	3.4
<b>Residents confined to chairs.</b>	88	65.2	53.3	50.8
<b>Residents requiring restraints.</b>	57	42.2	44.5	41.3
<b>Confused or disoriented residents.</b>	65	48.1	62.0	58.4
<b>Residents with bed sores.</b>	7	5.2	10.0	7.1
<b>Residents receiving special skin care.</b>	47	34.8	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE LIVINGSTON CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1333 W GRAND RIVER		HOWELL MI 48843	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	210	PROPRIETARY	03/23/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
116	0	87			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		92	79.3	78.4	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		96	82.8	80.0	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		97	83.6	68.6	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		94	81.0	72.9	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		84	72.4	63.2	59.1
Residents on individually written bowel and bladder retraining program.		6	5.2	9.1	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		26	22.4	27.7	29.3
<b>Completely bedfast residents.</b>		3	2.6	1.3	3.6
<b>Residents confined to chairs.</b>		76	65.5	39.5	39.1
<b>Residents requiring restraints.</b>		62	53.4	38.0	31.7
<b>Confused or disoriented residents.</b>		71	61.2	63.0	55.8
<b>Residents with bed sores.</b>		9	7.8	6.5	4.7
<b>Residents receiving special skin care.</b>		29	25.0	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE OUR LADY OF MERCY CONV HOME

<b>Street Address:</b>		<b>City and State:</b>	
1201 GRANT AVE		HUBBEL MI 49934	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	45	PROPRIETARY	04/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
45	0	45		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	73.3	78.4	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	36	80.0	80.0	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	68.9	68.6	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	68.9	72.9	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	66.7	63.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	9.1	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	20.0	27.7	29.3
<b>Completely bedfast residents.</b>	0	0.0	1.3	3.6
<b>Residents confined to chairs.</b>	28	62.2	39.5	39.1
<b>Residents requiring restraints.</b>	15	33.3	38.0	31.7
<b>Confused or disoriented residents.</b>	31	68.9	63.0	55.8
<b>Residents with bed sores.</b>	1	2.2	6.5	4.7
<b>Residents receiving special skin care.</b>	2	4.4	26.5	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	1.6	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	4.7	198	3.6
Each resident is free from mental and physical abuse.	MET	1	0.8	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	2.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	2	1.6	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	5	3.9	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	19	14.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	12	9.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	12	9.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	15	11.6	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	9	7.0	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	3.1	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	9	7.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	3.1	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	20	15.5	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	10	7.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	9	7.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	9	7.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	6	4.7	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	8	6.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	4	3.1	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	14	10.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	1.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	21	16.3	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HUDSONVILLE CHRISTIAN NH

<b>Street Address:</b>		<b>City and State:</b>	
3650 VAN BUREN		HUDSONVILLE MI 49426	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	113	NON-PROFIT OTHER	04/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
112	3	62		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	45.5	80.9	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	100	89.3	85.2	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	85	75.9	76.7	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.0	77.7	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	61	54.5	69.9	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.5	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	19.6	38.0	37.7
<b>Completely bedfast residents.</b>	1	0.9	2.8	3.4
<b>Residents confined to chairs.</b>	28	25.0	53.3	50.8
<b>Residents requiring restraints.</b>	48	42.9	44.5	41.3
<b>Confused or disoriented residents.</b>	26	23.2	62.0	58.4
<b>Residents with bed sores.</b>	5	4.5	10.0	7.1
<b>Residents receiving special skin care.</b>	12	10.7	32.7	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.3	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	10	3.2	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.6	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	6	1.9	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	22	7.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	74	23.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	12.6	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	39	12.6	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	41	13.2	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	39	12.6	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	6.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	29	9.4	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	33	10.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	66	21.3	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.3	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	8	2.6	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	16	5.2	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	10.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	6.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.2	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	30	9.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	30	9.7	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	22	7.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	40	12.9	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	3.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	19.4	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



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HIGHSMITH 45-220

REF.

HD 7102 .U5N76 1987/88  
Michigan I

Medicare/Medicaid nursing home  
information.

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